

TRAINING UPDATE

Lab Location: SGMC, WAH & GEC
Department: Safety audit team

Date Distributed: 8/3/2018
Due Date: 8/31/2018
Implementation: 9/1/2018

DESCRIPTION OF REVISION

Name of procedure:

Safety Audit Form AG.F83.7

Description of change(s):

Added the following –

Item 5.3

Are Biologic Response PPE and shipping containers available?

Item 6.9

Kit must be labeled with received date / date put into use.
(*additional instruction*)

Only SG form is attached but all sites have the same changes.

This revised FORM will be implemented on Sept 1, 2018

Document your compliance with this training update by taking the quiz in the MTS system.

SHADY GROVE MEDICAL CENTER LAB

Monthly Department Audit Form

Inspector _____

Date of inspection: _____

Department name: Lab

Audit for (Month/Year) _____

Number	Question	Yes	No	N/A	Comment
1.0	HOUSEKEEPING				
1.1	Are the area floors free of oil, liquids or other materials that would produce a slipping hazard?				
1.2	Are all materials stored to prevent damage and to prevent breakage?				
1.3	Are exit aisles and walkways clear of obstructions?				
1.4	Are all unneeded materials and equipment removed from the work areas (i.e. clutter reduction)?				
1.5	Are any supplies or equipment sitting on the floor?				
1.6	Are electrical panels blocked?				
1.7	Are Ceiling tiles in place, clean, and no visual water stains?				
1.8	Are any stored materials within or less than 18 inches from the ceiling?				
2.0	EQUIPMENT	Yes	No	N/A	Comments
2.1	Has all scheduled decontamination of equipment and work surfaces been performed as required? (Work surface must be decontaminated at the				
2.2	Are all biosafety cabinets-functioning properly (including the alarm)?				Micro only
2.3	Have all biosafety cabinets been certified as required?				
2.4	Are all electrical cords on equipment unfrayed, and properly secured to an outlet?				
2.5	Are any electrical cords placed through a wet environment, or over a hot surface?				
2.6	Are any pieces of permanent equipment being powered through an extension cord?				
2.7	Are any outlets overloaded?				
3.0	HAZARDOUS SUBSTANCES	Yes	No	N/A	Comments
3.1	Do all containers of chemicals have legible, clear, labeling on the container as follows:				
	Name of the chemical				
	Hazard warning				
	Date of preparation				
	Date of expiration				
	Target organ affected (if any)				
	First aid statement				
3.2	Are all hazardous materials stored correctly in the correct orientation?				
3.3	Is safety cabinet inventory posted?				
3.4	Are SDSs available for all chemicals in your worksite?				
3.5	Have all personnel handling chemicals in your worksite reviewed the SDS for the chemicals they work with?				

4.0	REAGENTS, QC & CALIBRATORS	Yes	No	N/A	Comments	
4.1	Audit minimum of one storage area, refrig or frz Location: _____					
4.2	Are all products labeled with open & expiration dates?					
5.0	PERSONAL PROTECTIVE EQUIPMENT	Yes	No	N/A	Comments	
5.1	Is PPE as follows available for employee use in the appropriate sizes and type in your work site?					
	Gloves					
	Labcoats					
	Face/Eye protection					
5.2	Is the non-disposable PPE in good working condition?					
5.3	Are Biologic Response PPE and shipping containers available?					
6.0	WORK SITE	Yes	No	N/A	Comments	
6.1	Are fire extinguishers available, charged and inspected?					
6.2	Are all fire exits clearly marked and unobstructed?					
6.3	Is the first aid kit stocked with the required materials ?					
6.4	Are all of the eyewashes clearly marked and unobstructed?					
6.5	Does the area seem to be properly ventilated?					
6.6	Are the following procedures and information posted in the work area:					
	Post exposure protocol					
	Chemical exposure protocol					
	Chemical spill protocol					
	Emergency numbers					
6.7	Is the Safety Manual available and do employees know the location of the manual?					
6.8	Are SDS for all chemicals used in the area available, and can employees locate them? Ask one emp. to demonstrate how to look up an SDS (record initials under appropriate column)					
6.9	Are spill kit products/contents acceptable? Contents should be free flowing in granular form; verify by shaking the containers. Kit must be labeled with received date / date put into use.					
7.0	WASTE	Yes	No	N/A	Comments	
7.1	Is waste in the laboratory/phlebotomy areas placed in the proper receptacle?					
8.0	EYEWASHES (checked weekly)	Date	Date	Date	Date	Problem
	ID/Location: Core Lab					
	ID/Location: Blood Bank					
	ID/Location: _____					
9.0	Check under sink	Yes	No	N/A	Comments	
9.1	Paper towels stored under sink					
9.2	Reagents stored under sink					
9.3	Soap & hand lotion stored under sink					
10.0	Biohazard Waste	Yes	No	N/A	Comments	
10.1	Boxes filled 3/4 full					
10.2	All boxes are covered					
10.3	All lids are clean and well maintained					
10.4	Waste is being removed daily					

11.0	Staff Quiz: Ask several staff members about	Name	Name	Name	Comments
11.1	Under sink storage				
11.2	RACE				
11.3	PASS				
11.4	To locate nearest fire pull box				
11.5	To locate nearest fire extinguisher				
11.6	To demonstrate use of the nearest eyewash				
11.7	To locate the spill kit				
12.0	PPE	Yes	No	Comments	
12.1	In use chemistry				
12.2	In use hematology				
12.3	In use coagulation				
12.4	In use urinalysis				
12.5	In use microbiology				
12.6	In use blood bank				
12.7	In use specimen processing				
12.8	In use front desk				
12.9	In use phlebotomy				