

**UAB Hospital
Cost Center Hazard Surveillance Form**

Department: _____ Date of Inspection: _____

Cost Center: _____ Surveyor: _____

Name: _____ Semi-Annual/Annual

Previous issues cited: _____

INSPECTION ITEMS:	NOTES
SAFETY	
<input type="checkbox"/> Oxygen/cylinders Unsecured	
<input type="checkbox"/> Smoking observed/evidence	
<input type="checkbox"/> Nurse Call Test (every patient care area)	
<input type="checkbox"/> Emergency Phone Numbers	
<input type="checkbox"/> Fume Hoods/Biosafety Cabinet Certification	
<input type="checkbox"/> Other	
SECURITY	
<input type="checkbox"/> ID Badge	
<input type="checkbox"/> Unsecured Doors/Areas	
<input type="checkbox"/> Medication Carts Unsecured	
<input type="checkbox"/> Infant Abduction response	
<input type="checkbox"/> Police or Emergency Contact	
<input type="checkbox"/> Other	
HMW - Biosafety	
<input type="checkbox"/> PPE	
<input type="checkbox"/> Signs	
<input type="checkbox"/> SHARPS Overfilled,	
<input type="checkbox"/> Trash	
<input type="checkbox"/> Medical Waste Improperly Segregated	
<input type="checkbox"/> Biosafety Hygiene	
<input type="checkbox"/> Other	
HMW - Radiation	
<input type="checkbox"/> PPE	
<input type="checkbox"/> Radiation Warning Signs	
<input type="checkbox"/> Lead Apron improper use/care	
<input type="checkbox"/> Dosimeter Use	
<input type="checkbox"/> Other	
HMW - Chemical	
<input type="checkbox"/> MSDS, knowledge, access	
<input type="checkbox"/> Labeling	
<input type="checkbox"/> PPE	
<input type="checkbox"/> Eyewash	
<input type="checkbox"/> Chemical Hygiene	
<input type="checkbox"/> Flammable Storage >10 Gallons	
<input type="checkbox"/> Other	
Emergency Management	
<input type="checkbox"/> White Phone/Directory	
<input type="checkbox"/> ERP, CN or supervisor responsibilities	
<input type="checkbox"/> Department Call Tree	
<input type="checkbox"/> Severe Weather response	
<input type="checkbox"/> Other	

INSPECTION ITEMS:	NOTES
Life Safety Staff	
<input type="checkbox"/> CARE	
<input type="checkbox"/> Taped Door Latch	
<input type="checkbox"/> Fire Extinguisher Use	
<input type="checkbox"/> 18" Sprinkler Obstruction	
<input type="checkbox"/> Obstructed Halls	
<input type="checkbox"/> Propped Doors	
<input type="checkbox"/> Obstructed LS Equipment	
<input type="checkbox"/> O ₂ Shut Off Location/Procedures	
<input type="checkbox"/> Other	
Life Safety Building	
<input type="checkbox"/> Exit Lights, out, partial lit	
<input type="checkbox"/> Door Latching	
<input type="checkbox"/> Wall/Deck Penetrations	
<input type="checkbox"/> Stairwell Lights	
<input type="checkbox"/> Fire Extinguisher Checks	
<input type="checkbox"/> Fire Extinguishing System Check	
<input type="checkbox"/> Other	
Medical Equipment	
<input type="checkbox"/> PM Out Of Date	
<input type="checkbox"/> No BE Tag	
<input type="checkbox"/> Emergency Cart Checks	
<input type="checkbox"/> Red Tag Procedure knowledge	
<input type="checkbox"/> Other	
Utilities	
<input type="checkbox"/> Wiring	
<input type="checkbox"/> Breaker Panel unsecured	
<input type="checkbox"/> Breaker Panel Obstructed	
<input type="checkbox"/> J-Box Covers	
<input type="checkbox"/> ID Emergency Powered	
<input type="checkbox"/> Other	
Infection Control	
<input type="checkbox"/> Floor Storage	
<input type="checkbox"/> Handwashing, hand hygiene issues	
<input type="checkbox"/> Uncovered Linen Carts	
<input type="checkbox"/> Under Sink Storage	
<input type="checkbox"/> Dusty Vents	
<input type="checkbox"/> Stained Ceiling Tiles	
<input type="checkbox"/> Expired Blood Tubes	
<input type="checkbox"/> Refrigerator Checks	
<input type="checkbox"/> Other	