

OSHA Compliance Self-Inspection Checklist

Ergonomic Plan

<u>Yes</u>	<u>No</u>	Written Ergonomic Plan Customized To Office?
<u>Yes</u>	<u>No</u>	Plan Accessible to All Employees? Posted?
<u>Yes</u>	<u>No</u>	Employees Able to Identify Signs & Symptoms of MSD's?
<u>Yes</u>	<u>No</u>	Employer Performs A Hazard Analysis of All Jobs?
<u>Yes</u>	<u>No</u>	Job Related Risks Factors Communicated To Employees?
<u>Yes</u>	<u>No</u>	Employees Can ID Signs & Symptoms Related to MSD's?
<u>Yes</u>	<u>No</u>	Employees Know How To Report Signs & Symptoms & Understand the Importance of Reporting?
<u>Yes</u>	<u>No</u>	Employees Provided Medical Access, Beyond First Aid?
<u>Yes</u>	<u>No</u>	Employees Provided Work Restriction Protection for Action Trigger Jobs?
<u>Yes</u>	<u>No</u>	Management Leadership & Employee Participation Encouraged?
<u>Yes</u>	<u>No</u>	Training Provided Upon Hire & Every 3 years?
<u>Yes</u>	<u>No</u>	Report Records Kept for 3 years / HCP Opinions Kept for Term of Employment + 3 years?
<u>Yes</u>	<u>No</u>	Program Evaluation Performed to Ensure Risks Are Minimized & Controlled?

Written Exposure Control Plan Includes:

<u>Yes</u>	<u>No</u>	Universal & Standard*Precautions Observed?
<u>Yes</u>	<u>No</u>	Engineering Controls; Work Practice Controls & PPE?
<u>Yes</u>	<u>No</u>	Methods of Compliance (Standard Operating Procedures) & Schedule for Implementing?
<u>Yes</u>	<u>No</u>	Exposure Determination Worksheets (Class I & II Employees)?
<u>Yes</u>	<u>No</u>	Management of Exposure Incidents? Immediate Reporting of Exposures and Referrals?
<u>Yes</u>	<u>No</u>	Recordkeeping: Medical Records, Training and Incidents?
<u>Yes</u>	<u>No</u>	Plan accessible to all Employees?
<u>Yes</u>	<u>No</u>	Plan Reviewed and Updated At Least Annually?

Training

<u>Yes</u>	<u>No</u>	All Employees Provided Training?
<u>Yes</u>	<u>No</u>	Training Provided Prior To Performing Duties During Normal Business Hours?
<u>Yes</u>	<u>No</u>	Disease Control Training Updated Annually for Hepatitis B & C, HIV, TB & Anthrax?
<u>Yes</u>	<u>No</u>	Exposure Control & Universal Precautions Updated Annually?
<u>Yes</u>	<u>No</u>	Provided At An Appropriate Level Of Comprehension & Interactive?
<u>Yes</u>	<u>No</u>	Training records (<i>kept for a minimum of 3 years</i>)?

Confidential Medical Files (*Keep term of employment, plus 30 years*)

<u>Yes</u>	<u>No</u>	Medical Reports?
<u>Yes</u>	<u>No</u>	Vaccination History?
<u>Yes</u>	<u>No</u>	Informed Consent(s)?
<u>Yes</u>	<u>No</u>	Informed Refusal(s)/Condition of Employment?
<u>Yes</u>	<u>No</u>	Exposure Determination?
<u>Yes</u>	<u>No</u>	Incident Reports
<u>Yes</u>	<u>No</u>	Post Exposure Follow up?
<u>Yes</u>	<u>No</u>	Written Opinion (s)?

Personal Protective Equipment

<u>Yes</u>	<u>No</u>	PPE Provided to All Employees? Gloves, Masks, Apparel Provided In Appropriate Sizes?
<u>Yes</u>	<u>No</u>	PPE Designed With Knee Length, Long Sleeves & Crew Neck -To Protect Legs, Arms & Neck?
<u>Yes</u>	<u>No</u>	Gloves Worn and Changed After each Patient?
<u>Yes</u>	<u>No</u>	Masks Worn and Changed After each Patient?
<u>Yes</u>	<u>No</u>	Protective Eyewear/Shields Worn and Disinfected After Each Patient?
<u>Yes</u>	<u>No</u>	Lab Coats and/or Gowns Worn and Changed When Visibly Soiled or When Leaving TX Areas?
<u>Yes</u>	<u>No</u>	Employees <i>Prohibited</i> From Home Laundering Gowns?
<u>Yes</u>	<u>No</u>	Synthetic Gloves Provided to Those Who Have Sensitivity To Latex?
<u>Yes</u>	<u>No</u>	All Employees Offered the Hepatitis Vaccination Free of Charge & Within 10 Days of Task Assign? (Vaccine Offered Only After Risks & Benefits Have Been Fully Explained)?
<u>Yes</u>	<u>No</u>	If Vaccination Declined, Employees Sign A Vaccination Declination? <i>Aware That They Can Accept At A Later Date?</i>

Laundry

Yes No Soiled Laundry Placed in Marked Bags or Containers?
Yes No Employees Do Not Take Contaminated Laundry Home?
Yes No Employees Minimize Handling and Wear PPE when Handling?

Posters and Signs Properly Displayed

Yes No State Board of Dental Examiners IC Standards (When Applicable, State Specific)
Yes No Auxiliary Duties Posted? (When Applicable, State Specific)
Yes No Safety & Health Protection On the Job? Employee Rights OSHA 2203 Language Poster (OSHA 3165)
Yes No Notice of Workers Compensation?
Yes No Emergency Evacuation Plan?
Yes No Form 200, if 11 or more employees?
Yes No Emergency Telephone Numbers/ or Qualified First Aid Providers?
Yes No Illuminated Exit and "Not an Exit" Signs Posted?
Yes No Notice of Automatic Equipment Start Up? (Compressor)
Yes No Radiation Symbol?
Yes No Microwave Symbol?
Yes No Caution Signage for Grinding Equipment?
Yes No Eyewash Station Location?
Yes No Housekeeping Schedule Posted?

Sharps

Yes No Engineering Sharps Injury Protection (*such as self-sheathing needles*) Used To Prevent Accidental Needle Sticks?
Yes No Have Employees Been Allowed To Evaluate Engineered Sharp Protection Devices? Documented?
Yes No If Needles are Recapped, Do Employees Use Self-Sheathing Device, or 1 handed/Scoop technique?
Yes No ~~Sharps Log Documents Exposure Incidents and Exposed Employee Opinions? NA~~
Yes No Exposed Individuals/Source Patient tested as soon as feasible for HIV, HBV & HCV?
Yes No Containers Readily Accessible in Area of Use (TX RMS) & Containerized Immediately After Use?
Yes No Are Containers Closable (Lid), Puncture Resistant, Labeled and Leak Proof?
Yes No Containers Prohibit Two Handed Removal, Not Allowed To Be Overfilled?
Yes No Employees Prohibited From Using Two Handed Recapping?
Yes No Contaminated Needles and Sharps Prohibited from Being Bent?
Yes No Filled Containers Transported By Licensed Recycler?

Waste

Yes No Regulated Waste In *Closable, Leak Proof Biohazard* Labeled Containers/Picked Up by Licensed Recycler?
Yes No Biohazard Waste Identified With Biohazard Symbol?
Yes No Infectious Waste Hauled by *Certified Waste Hauler*? Manifest Records Kept on File?
Yes No Does Business Owner Have An EPA # for Small Generator? 800 618 6942
Yes No Spent Hazardous Waste (that cannot be put down drain) Picked Up By Licensed Recycler?
Yes No Expired Pharmaceuticals Containerized and Disposed of Properly?
Yes No Is Office Treating Their Own Waste? Have A Permit From EPA # For Treating On Site? Records Kept?

Hazard Communication

Yes No Written Program Customized & Reviewed or Updated Annually (*Or Whenever New Products Are Introduced*)?
Yes No Does Program Include A Description of How to Read The Label and Use MSDS Sheets?
Yes No MSDS Sheets on File with Inventory Control List? Paper or Electronic?
Yes No Keeping Master List for 30 Years, -*Including Those No longer Used*?
Yes No Request Letters to Manufacturers for Missing MSDSs on File?
Yes No All Products Labeled At The Point of Use Have Original Labels?
Yes No All Transferred Products Re-Labeled With Product Name, Chemical ID & Appropriate Hazard?
Yes No All Employees Have Read, Reviewed & Signed Off Each MSDS?
Yes No Employees Understand Emergency Spill Procedures? Spill Kit Maintained?
Yes No All Employees Know How To Use The Eyewash Station?
Yes No Eyewash Equipment Functioning Properly?

Medical Emergencies, Safety & First Aid

<u>Yes</u>	<u>No</u>	Is At Least One Person On Each Shift Trained In First Aid and Cardiopulmonary Resuscitation?
<u>Yes</u>	<u>No</u>	Do All Staff Members Know How To Immediately Report Occupational Exposure To Blood or OPIM?
<u>Yes</u>	<u>No</u>	Does The Employer or Designated Manger Fill Out An Exposure Incident Report?
<u>Yes</u>	<u>No</u>	Does Incident Report Contain: Date, Time and Route of Exposure, Circumstances & Severity of Exposure)?
<u>Yes</u>	<u>No</u>	All Employees Trained In Occupational Injury And Illness Prevention? Records Maintained?
<u>Yes</u>	<u>No</u>	Qualified Safety Controller Identified?
<u>Yes</u>	<u>No</u>	Safety Committee Established? Members Identified?
<u>Yes</u>	<u>No</u>	Monthly Meetings Held? Meeting Minutes?
<u>Yes</u>	<u>No</u>	Accident File Established & Maintained?
<u>Yes</u>	<u>No</u>	Periodic Inspections Of Facility (First Aid, Fire, Electrical, Evacuation)
<u>Yes</u>	<u>No</u>	First Aid Training Provided?
<u>Yes</u>	<u>No</u>	First-Aid Supplies Kept Stocked And Replenished Periodically?
<u>Yes</u>	<u>No</u>	Eyewash Station Within 25 Feet Or 15 Seconds?
<u>Yes</u>	<u>No</u>	Eyewash Station Has Proper Signage?
<u>Yes</u>	<u>No</u>	Eyewash Station Is Functioning Properly (Periodic Bump Test)?
<u>Yes</u>	<u>No</u>	Emergency Facilities Within 15 Minutes Or Qualified Person Available?
<u>Yes</u>	<u>No</u>	Proper Lifting Procedures? (SEE ERGONOMIC PLAN)

Electrical

<u>Yes</u>	<u>No</u>	Multiple Plug Adapters Prohibited?
<u>Yes</u>	<u>No</u>	All Electrical Devices With A Three Prong Plug Grounded?
<u>Yes</u>	<u>No</u>	All Electrical Outlets Within 6 feet of a Sink or Water, On a Ground Fault Interrupter (GFI) Circuit?

Fire

<u>Yes</u>	<u>No</u>	Employees Aware of Fire Hazards of Materials?
<u>Yes</u>	<u>No</u>	Fire Alarm on Premises?
<u>Yes</u>	<u>No</u>	Fire Extinguishers Inspected, Recharged and Accessible 3 Feet From Floor?
<u>Yes</u>	<u>No</u>	Emergency Escape Procedures/Evacuation Plan?
<u>Yes</u>	<u>No</u>	Floor Plan with Method of Egress? Periodic Mock Fire Drills?
<u>Yes</u>	<u>No</u>	Exit Signs/Not An Exit Sign <i>Where Applicable</i> : Font, Side, Rear?

General Housekeeping, Storage and Walking Surfaces

<u>Yes</u>	<u>No</u>	Laboratory Kept In Clean, <i>Uncluttered</i> & Sanitary Condition?
<u>Yes</u>	<u>No</u>	Dark Room Kept In Clean, <i>Uncluttered</i> & Sanitary Condition?
<u>Yes</u>	<u>No</u>	Instrument Processing Center Kept In Clean, <i>Uncluttered</i> & Sanitary Condition?
<u>Yes</u>	<u>No</u>	Treatment Rooms Kept In Clean, <i>Uncluttered</i> & Sanitary Condition?
<u>Yes</u>	<u>No</u>	Storage Rooms Kept In Clean, <i>Uncluttered</i> & Sanitary Condition?
<u>Yes</u>	<u>No</u>	Walkways Kept In Clean, <i>Uncluttered</i> & Sanitary Condition?
<u>Yes</u>	<u>No</u>	Staff Lounge Kept In Clean, <i>Uncluttered</i> & Sanitary Condition?
<u>Yes</u>	<u>No</u>	Business Office/Private Offices Kept In Clean, <i>Uncluttered</i> & Sanitary Condition?
<u>Yes</u>	<u>No</u>	Food or Drinks Consumed Out of Exposure Areas?
<u>Yes</u>	<u>No</u>	Walking and Working Surfaces are Dry?
<u>Yes</u>	<u>No</u>	Walking and Working Surfaces are Slip and Trip-Resistant?

Dental Water Quality

<u>Yes</u>	<u>No</u>	Employees Trained In Proper Waterline Treatment Measures?
<u>Yes</u>	<u>No</u>	Waterlines Flushed for Several Minutes Each Morning?
<u>Yes</u>	<u>No</u>	Waterlines Flushed With Air/Water for 20-30 Seconds After Use?
<u>Yes</u>	<u>No</u>	Anti-retraction Valves Installed and Functioning Properly?
<u>Yes</u>	<u>No</u>	Separate Water Reservoir System Maintained Properly (as recommended by manufacturer)?
<u>Yes</u>	<u>No</u>	Water Tested to Ensure >200 CFU;s per ml?
<u>Yes</u>	<u>No</u>	Water Treated or Filtered to Ensure >200 CFU;s per ml?
<u>Yes</u>	<u>No</u>	Sterile Irrigation Used for Surgical Procedures?
<u>Yes</u>	<u>No</u>	If Sterile Water System Is Use, Has It Been Cleared for Market With 501K by FDA?
<u>Yes</u>	<u>No</u>	Are Patients Provided An Anti-microbial Mouth Rinse To Reduce Bacterial Counts In Aerosols?

Monitoring

<u>Yes</u>	<u>No</u>	Ionizing Radiation Monitoring?
<u>Yes</u>	<u>No</u>	Formaldehyde Monitoring? (Chemical Sterilizer Used?)
<u>Yes</u>	<u>No</u>	Nitrous Oxide Use? If so, Scavenger System Monitored?
<u>Yes</u>	<u>No</u>	Air Quality Control? (HVAC: Proper Ventilation, Filter Changes, Duct Cleaning)

Grinding Equipment & Gases

<u>Yes</u>	<u>No</u>	Equipment in Good and Safe Condition with Guards and Shields?
<u>Yes</u>	<u>No</u>	Grinding Equipment Displays A Caution Signs Above Unit?
<u>Yes</u>	<u>No</u>	Compressors Have Air Filters and Pressure-Relief Valves and Gauges?
<u>Yes</u>	<u>No</u>	Compressors Have Permits from Vessel Department (>1.5 cubic feet)?
<u>Yes</u>	<u>No</u>	Are Drain Valves on the Air Receiver Opened On All Air Compressor Drains and Traps?
<u>Yes</u>	<u>No</u>	Air Receiver Completely Drained Frequently To Prevent Excessive Accumulation of Liquid?
<u>Yes</u>	<u>No</u>	Are Safety Shields In Place To Protect Against Projectile Debris?
<u>Yes</u>	<u>No</u>	Caution Sign: "Auto Start-Up" Posted On or Nearby Compressor?
<u>Yes</u>	<u>No</u>	Gas Cylinders (Nitrous Oxide/Oxygen) Stored in a Manner to Prevent Tipping? Chained?
<u>Yes</u>	<u>No</u>	Contaminated Equipment Properly Labeled <i>Before</i> Serviced, or Before Sending Out for Service?

Additional Notes & Observations:
