

# SOCP Safety Checklist

To be completed monthly  
 faxed to the Safety Office  
 Original filed at house

House: \_\_\_\_\_ Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

**+ = OK      0 = Not OK      NA = Not Applicable**

<b>1.0 General Environment</b>		<b>4.0 Other Requirements</b>	
1.1 All areas are clean and organized		4.1 Current Safety Committee minutes posted	
1.2 No trip hazards present inside or outside		4.2 Eyewash station operational	
1.3 All lights working		4.3 Eyewash station checked as tested for month	
1.4 No bee/wasp/hornet nests		4.4 Other (list):	
1.5 Knives, scissors, etc., stored correctly		<b>5.0 Emergency Equipment</b>	
1.6 Water temperature < 120 for clients		5.1 First aid kits/manuals are complete and available	
1.7 Security alarms/motion detectors <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Maglocks		5.2 PPE kits are complete and available	
1.8 Stained/soiled couches or carpeting (where?)		5.3 Emergency phone numbers are current and posted	
1.9 Mold present (where?)		5.4 Garbage/laundry for Bloodborne Pathogens are labeled	
1.9 Other (list):		5.5 Flashlights working and available on each floor/side	
<b>2.0 Electrical Safety</b>		5.6 Other (list):	
2.1 Outlet/switch cover plates intact		<b>6.0 Yard/Maintenance Equipment</b>	
2.2 Extension cords are not in use		6.1 Guards on mowers, edgers, etc. in place	
2.3 Electrical cords not frayed/cracked		6.2 Eye protection available	
2.4 3' clearance in front of breaker box		6.3 Ear protection available	
2.5 All circuits in breaker box labeled		6.4 Ladders in good repair	
2.6 Other (lists):		6.5 Ladder's top step labeled "Not a Step"	
<b>3.0 Fire and Evacuation Safety</b>		6.6 Check fences/gates for repair	
3.1 No items in 18" plane of fire sprinkler head		6.7 Other (list):	
3.2 Extinguishers within "Green" charged area		<b>7.0 Hazard Communication</b>	
3.3 Extinguishers initialed on back of tag monthly		7.1 All chemical containers labeled	
3.4 Dryer and furnace filters are clean		7.2 All MSDS's for chemicals in book	
3.5 Exits are not blocked		7.3 Combustible/corrosive/poisonous chemicals properly stored	
3.6 Exit lights are working (if applicable)		7.4 Personal Protection Equipment for chemical use available	
3.7 Exhaust fans are clean and operational		7.5 Other (list):	
3.8 Smoke detectors/alarms working		<b>8.0 Vehicles</b>	
3.9 Emergency Plan in place for all clients (Place clients initials below) _____		8.1 All shift inspections done	
<b>MEDICAL ONLY HOMES</b>		8.2 Seat belts operational	
M1 Adaptive equipment brakes/safety straps in good repair		8.3 Garbage/debris removed from inside vehicle	
M2 No rough/sharp edges on adaptive equipment		8.4 Cell phones accounted for, working, undamaged:	
M3 Generator upkeep schedule current		8.5 Other (list):	
M4 Other (list):			

Item #	Comments/Action Taken (use additional page if necessary)

Site Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_