**WORKPLACE AUDIT / INSPECTION REPORT**

**First Aide / Medical Treatment Area**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audited by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audit Item/ Practice**

**Check if item / Practice not in compliance**

Is there a hospital, clinic, or infirmary for medical care in proximity of your workplace? .151(a)

If medical and first aid facilities are not in proximity of your workplace, is at least one employee on each shift currently qualified to render first aid? .151(a)

Are medical personnel readily available for advice and consultation on matters of employee's health? .151

Are emergency phone numbers posted?

Are first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed? .151(b)

Have first aid kit supplies been approved by a physician, indicating that they are adequate for a particular area or operation? .151(b)

**Personal Protective Equipment**

Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials? .133

Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns? .133

Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids, and chemicals? .132

Are employees who need corrective lenses (glasses or contacts) in working environments having harmful exposures required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures? .133(a)(3)

Are hard hats provided and worn where danger of falling objects exists? .135

Are hard hats inspected periodically for damage to the shell and suspension system? .135

Is appropriate foot protection required where there is the risk of foot injuries? .136

**Bloodborne Pathogens**

Is a container provided for reusable sharps that is puncture resistant, properly labeled, and leakproof? .1030 (d)(2)

If you have a refrigerator where blood or other infectious materials are kept, do you require that no food or drink be kept in it? .1030 (d)(2)

Is appropriate personal protective clothing used by everyone with an occupational exposure to body fluids? .1030 (d)(3)

Repairs/corrections must be completed by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs/corrections from above have been done.

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_