

OSHA SITE VISIT FORM

Agency Name: _____

Date: _____

GENERAL WORK ENVIRONMENT

YES NO N/A

Are all worksites clean, sanitary and orderly?			
Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?			
Are all spilled hazardous materials or liquids, including blood and other potentially infectious materials, cleaned up immediately and according to proper procedures?			
Is all regulated waste, as defined in the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) discarded according to federal, state and local regulations?			
Is all water provided for drinking, washing and cooking potable?			
Are all outlets for water not suitable for drinking clearly identified?			
Where food or beverages are consumed on the premises, are they consumed in areas where there is no exposure to toxic material, blood or other potentially infectious materials?			
Are universal precautions observed where occupational exposure to blood or other potentially infectious materials can occur and in all instances where differentiation of types of body fluids or potentially infectious materials is difficult or impossible?			
Extension cords are not used for permanently placed electrical equipment?			

HAZARDOUS SUBSTANCE COMMUNICATION

YES NO N/A

Is there a list of hazardous substances used in your workplace?			
Is there a current written exposure control plan for occupational exposure to bloodborne pathogens and other potentially infectious materials, where applicable?			
Is there a written hazard communication program dealing with Material Safety Data Sheets (MSDS), labeling and employee training?			
Is each container for a hazardous substance (i.e., vats, bottles, storage tanks, etc.) labeled with product identity and a hazard warning (communication of the specific health hazards and physical hazards)?			
Is there a Material Safety Data Sheet readily available for each hazardous substance used?			

LAB SAFETY & PERSONAL PROTECTIVE EQUIPMENT

YES NO N/A

Are containment devices used properly?			
Are established procedures in place for the safe removal of contaminated wastes?			
Are established procedures in place for decontamination?			
Are established procedures in place to ensure proper disposal of hazardous chemicals?			
Is medical surveillance followed when an employee develops signs or symptoms of exposure?			
Is medical surveillance followed after an event occurs during which exposure was possible?			
Have employees been informed as to where Material Safety Data Sheets (MSDSs) are kept?			
Have employees been trained on labeling requirements for chemical containers?			

Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials?			
Are approved safety glasses required to be worn at all times in areas there there is a risk of eye injuries such as punctures, abrasions, contusions or burns?			
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?			
Are protective gloves, aprons, shields or other means provided and required where employees could be cut or where there is reasonably anticipated exposure to corrosive liquids, chemicals, blood or other potentially infectious materials? (See 29 CFR 1910.1030(b) for the definition of "other potentially infectious materials.")			
Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, poisonous substances, falling objects, crushing or penetrating actions?			
Is all protective equipment maintained in a sanitary condition and ready for use?			

RECORD KEEPING

YES NO N/A

Are employee medical records and records of employee exposure to hazardous substances or harmful physical agents up-to-date and in compliance with current OSHA standards?			
Are employee training records kept and accessible for review by employees, when so required by OSHA standards?			
Does your company maintain a written record of all monitoring results?			

END OF DOCUMENT