

UNITED MEDICAL STAFFING NETWORK
A MEDSEARCH Staffing Services Inc. company
Safety Questionnaire

Good safety practices are very important in the work place. Please take a moment to complete and if the answer is no, please identify the facility. Return this questionnaire by fax, mail or in person.

Thank You.

Facility Name

- | | | | |
|---|-----|----|-------|
| 1. Are medications in a locked cabinet? | Yes | No | <hr/> |
| 2. Are used needles disposed of properly? | Yes | No | <hr/> |
| 3. Are the sharp containers overflowing with dirty needles? | Yes | No | <hr/> |
| 4. Is the equipment on the STAT cart inspected each shift? | Yes | No | <hr/> |
| 5. Are damaged and unsafe equipment properly labeled? | Yes | No | <hr/> |
| 6. Is appropriate protective equipment available and worn while entering isolation rooms or performing tasks that require protection? | Yes | No | <hr/> |
| 7. Is the lighting and ventilation adequate in the facility and in the patient rooms? | Yes | No | <hr/> |
| 8. Are signs posted for hazardous waste? | Yes | No | <hr/> |
| 9. Is the facility clean and free of clutter in the hallways? | Yes | No | <hr/> |
| 10. Are the "Caution Wet Floor" signs utilized? | Yes | No | <hr/> |
| 11. Would you report unsafe conditions? | Yes | No | <hr/> |
| 12. Is the response time for fire, tornado, and disaster drills adequate? | Yes | No | <hr/> |
| 13. Is the nurse supervisor active in promoting a safe work environment? | Yes | No | <hr/> |
| 14. Do you feel that your work environment is safe? | Yes | No | <hr/> |

If no, please comment
