

ILSM DAILY CHECKS (Health Care & Ambul)

LLSC Form

FACILITY:
PROJECT:

D	ILSM CHECKS
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per Joint Commission-LS.01.01.01 EP 4: "The validation documentation must clearly demonstrate that the risks identified are being mitigated"

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Inspector:							
Date:							
Item to Check	✓ = Pass X=Fail & describe problem & repair on bottom of sheet						
1. EXITS: Clear, unobstructed & signs in place to show path							
2. CONSTRUCTION EXIT PATH: Clear, unobstructed & signs in place							
3. PULL STATIONS: Clear, unobstructed & functional							
4. DEBRIS: Excess debris removed from site; Carts leave no tracks							
5. ELECTRICITY: Power secured at night							
6. EXTENSION CORDS: Cords used per OSHA, not a trip hazard							
7. BARRIERS: Walls & Ceilings sealed tight							
8. DOORS: Entries kept closed. Clean mats in place; NO foot prints							
9. AIRFLOW: Negative airflow > .1" wc maintained & documented							
10. GRILLS: All return air grills sealed with plastic							
11. PPE: Protective clothing & gear used where required							
12. CLEANING: Site cleaned at end of each day							
Failures: Describe problem, describe what was done to correct, date & initial						Date	Initial