FACILITY:				D	ILSM CHECKS
PROJECT:					
II SM D	ΔΙΙ Υ CHFCK	<b>S</b> (Health Care & A	mhul)		
per Joint Commission-LS.01.02.01, EP 4: "Fo					
per 30m commission Es.01.02.01, Er 4. 7.				<b>Th</b>	e:
<u></u>	Mon	Tue	Wed	Thur	Fri
Inspector:					
Date:					
Item to Check	√ = Pa	<u> </u> ss_X=Fail & descr	ibe problem & re	nair on hottom	of sheet
1. EXITS: Clear, unobstructed & signs in	- 1 0.				1
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					
<b>5. ELECTRICITY</b> : Power secured at night					
6. EXTENSION CORDS: Cords used per					
OHSA, 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 w	hat was done t	o correct date &	<u>l</u> initial		1
randles. Describe problem, describe w	mat was done t	o correct, date &	IIIIciai		