



## Most Common Hazards in Healthcare Listed by OSHA

This checklist provides an overview of the most common hazards based on OSHA's 2014 list of most cited violations in healthcare and EH&E's experience conducting OSHA program reviews in hospitals. It will help you identify if your program is vulnerable in these specific areas and highlight areas for improvement.

If you have questions about this checklist or need assistance, please contact Bryan Connors at 1-800-825-5343 or at [bconnors@eheinc.com](mailto:bconnors@eheinc.com).

With this checklist in hand, many hospitals might avoid the most common pitfalls.

**Note:** While great care has been taken to ensure the accuracy of the checklist, EH&E does not guarantee its completeness for all situations and no warranty is provided, whether expressed or implied. The issues listed below in no way represent all possible deficiencies, but only the most common, and the user assumes all risk associated with completing the survey.

OSHA Compliance Element	Citation	Yes	No	N/A
<b>TRADITIONAL HAZARDS</b>				
<b>Hazard Communication</b>	<b>29 CFR 1910.1200</b>			
Are all hazardous chemicals clearly labeled as hazardous?				
Are Material Safety Datasheets maintained for each chemical?				
Are employees trained on detection of release, hazard, and protective measures for all chemicals?				
Has a written hazard communication program been developed, implemented, and maintained at each workplace?				
Do you have a program in place to manage exposure to (including but not limited to) hazardous chemicals, such as sanitizers, disinfectants, anesthetic gases, and hazardous drugs, where warranted?				
<b>Personal Protective Equipment (PPE), General Requirements</b>	<b>29 CFR 1910.132</b>			
Has the employer provided appropriate PPE to employees?				
Does the employer provide adequate storage for PPE?				
Has an assessment been completed to identify potential hazards that may necessitate eye and face protection for the worker?				
Has PPE training for each employee required to use PPE been completed and updated?				

OSHA Compliance Element	Citation	Yes	No	N/A
<b>Respiratory Protection</b>	<b>29 CFR 1910.134</b>			
Have tasks associated with staff occupational airborne exposure to contaminated air been evaluated for the need or requirement to wear a respirator?				
Have staff been medically cleared to wear respirators?				
Have staff been fit tested to wear respirators?				
<b>Electrical Safety and Lock Out / Tag Out (LO/TO)</b>	<b>29 CFR 1910.147</b>			
Has LO/TO training been provided to all employees as described in 1910.147(c)(7)?				
Has retraining been completed for: 1) changes in job assignments 2) changes in machines, equipment, or processes that present a new hazard 3) periodic inspections show that there are deviations in the energy use protocol 4) the employer believes that protocols are not being followed appropriately or the employee's knowledge or use of the energy control procedures needs to be addressed?				
Has an assessment been completed to identify which equipment will require LO/TO?				
Is there a written LO/TO program?				
Has the employer provided employees with the proper durable LO/TO equipment: locks, tags, chains, wedges, key blocks, adapter pins, self-locking fasteners, etc.?				
Are all lock systems standardized throughout the facility?				
Is an annual inspection conducted of energy control procedures?				
<b>Fall Protection</b>	<b>29.CFR 1910.66</b>			
Does equipment used as personal fall arrest systems comply with the requirements outlined in 1910.66(c) and 1910.66(d)?				
Are employees trained on the appropriate use of fall arrest systems?				
Are inspections of all fall arrest systems conducted prior to each use?				
<b>Permit Required Confined Space (PRCS)</b>	<b>29 CFR 1910.146</b>			
Is there a PRCS written program?				
Is an annual review performed, evaluating and modifying PRCS program elements as necessary?				
Is there a permit for each PRCS and does it contain all required information?				
Are warning signs posted at each PRCS?				

OSHA Compliance Element	Citation	Yes	No	N/A
Is training provided so that all employees whose work is regulated by this section acquire the understanding, knowledge, and skills necessary for the safe performance of the duties assigned under this section?				
Is a rescue and emergency service response process with adequately trained rescue personnel in place?				
<b>Asbestos</b>	<b>29 CFR 1910.1001</b>			
Has the employer evaluated employee exposure to potential airborne concentrations of asbestos to ensure levels do not exceed TWA or excursion limits?				
Has initial personal monitoring for employees been completed?				
Is periodic personal monitoring completed within a maximum of six-month intervals?				
Have employees with exposure been notified?				
Is appropriate PPE provided according to OSHA standards?	29 CFR 1910.1001, 29 CFR 1910.132, and 29 CFR 1910.133			
Have regulated areas been established and demarcated?				
Are there engineering controls in place in regulated areas?				
Where the TWA and/or excursion limit is exceeded, has the employer established and implemented a written program to reduce employee exposure to or below the TWA and to or below the excursion limit by means of engineering and work practice controls?				
Are all requirements for the Haz Comm Standard met for asbestos?	29 CFR 1910.1001 and 29 CFR 1910.1200			
Has the presence, location, and quantity of asbestos containing material (ACM) been determined? Have records been maintained and employees notified?				
Are there appropriate warning signs in regulated areas and are ACMs properly labeled?				
Have all employees with potential exposure to asbestos been trained per 1910.1001(j)(7)?				
Are all employees exposed to asbestos at or above the PEL/excursion limit enrolled in a medical surveillance program per 1910.1001(l)?				
Has the employer maintained all records related to employee exposure per 1910.1001(m)?				

OSHA Compliance Element	Citation	Yes	No	N/A
<b>Formaldehyde</b>	<b>29 CFR 1910.1048</b>			
Has the employer evaluated employees for exposure to airborne concentrations of formaldehyde to ensure levels do not exceed the 8-hour TWA?				
Is sampling being conducted based on results of initial and periodic air sampling as defined in 1910.1048(d)?				
Have employees with exposure been notified?				
Are all employees exposed to formaldehyde above the short-term exposure limit (STEL) or at or above the action level (AL) enrolled in a medical surveillance program?				
Are there appropriate signs posted warning employees of formaldehyde exposures as defined in 1910.1048(e)?				
Are there eyewash stations if the use of formaldehyde poses the potential to splash in the eyes?				
Are there engineering controls in areas where formaldehyde is used?				
Is appropriate PPE provided according to OSHA standards?	29 CFR 1010.1048, 29 CFR 1910.132, 29 CFR 1910.133, and 29 CFR 1910.1048(h)			
Are all requirements for the Haz Comm Standard met for formaldehyde?	29 CFR 1910.1048 and 29 CFR 1910.1200			
Have all employees with potential exposure to formaldehyde been trained per 1910.1048(n)?				
<b>Machine Guarding</b>	<b>29 CFR 1910.212</b>			
Are machine parts, functions, or processes that may cause injury safeguarded?				
<b>Powered Industrial Trucks (Forklift)</b>	<b>29 CFR 1910.178</b>			
Has the employer developed and implemented a training program per 1910.178 for Powered Industrial Trucks (PIT)?				
Have all operators of PITs been trained and certified by the employer?				
Do all PITs meet the physical condition requirements outlined in 1910.178(a)(2)?				

OSHA Compliance Element	Citation	Yes	No	N/A
<b>PATIENT CARE AREAS – BLOODBORNE PATHOGENS</b>				
<b>Training</b>	<b>29 CFR 1910.1030</b>			
Is initial training conducted for all relevant employees? This applies to all employees who have occupational exposure to blood or other potentially infectious material.				
Is annual refresher training conducted for all relevant employees? This applies to all employees who have occupational exposure to blood or other potentially infectious material.				
Is training conducted whenever there is a change to work tasks or exposure? This applies to all employees potentially exposed to blood or other potentially infectious material.				
Does the employer maintain all medical records?				
<b>Exposure Control Plan &amp; Sharps Management</b>	<b>29 CFR 1910.1030</b>			
Is a written exposure control plan in place?				
Is the written program reviewed and updated annually?				
Is there a procedure for implementing and evaluating safer medical devices, including a mechanism for soliciting employee feedback?				
Is an annual documented review conducted of the written plan that reflects changes in technology for safer medical devices?				
Is a sharps injury log maintained?				
Are all injuries properly recorded?				
<b>Exposure Determination</b>	<b>29 CFR 1910.1030</b>			
Has the employer evaluated employee exposure to blood or other potentially infectious materials?				
<b>Work Practices and Controls</b>	<b>29 CFR 1910.1030</b>			
Are engineering controls used to eliminate or minimize employee exposure?				
Are hand washing facilities readily accessible to employees?				
Are containers used for storage or transport of materials properly labeled in accordance with the regulation?				
Is regulated waste properly handled per requirements outlined in 1910.1030(d)(4)(iii)?				
Is appropriate PPE provided according to OSHA standards?				

OSHA Compliance Element	Citation	Yes	No	N/A
If a lab handles human immunodeficiency virus (HIV) or hepatitis B virus (HBV), has the facility met criteria outlined in 1910.1030(e), which discusses the training, special work practices, medical surveillance and vaccinations of employees?				
Are warning labels affixed to all areas, regulated waste containers, refrigerators/freezers containing potentially infectious diseases, or containers used to store or transport these materials?				
<b>OSHA Illness and Injury Recordkeeping and Injury Investigation</b>	<b>29 CFR 1904</b>			
Are the OSHA 300 log and related illness and injury forms completed?	29 CFR 1904.29			
Is the OSHA 300 log reviewed at the end of each calendar year to verify entries are complete and accurate?	29 CFR 1904.32			
Is the annual summary posted until April 30th?	29 CFR 1904.32			
Are employees informed of how to report an injury or illness to the employer?	29 CFR 1904.35			
Are your injury and illness (and near miss) reports reviewed to identify trends related to the largest sources of injuries (e.g., musculoskeletal disorders relating to patient or resident handling, workplace violence, and slips, trips and falls)?	Best Management Practice			
<b>Injury and Illness Prevention</b>				
Does your hospital investigate work related injuries and illnesses?	Best Management Practice			
Does your hospital offer patient lift and transfer training and tools?	Best Management Practice			
Does your hospital have a safe patient handling policy?	Best Management Practice			

For more information or to schedule an expert review of your survey, contact Bryan Connors at 1-800-825-5343 or at [bconnors@eheinc.com](mailto:bconnors@eheinc.com).