



MONTHLY SURVEY OF BUILDING

Branch: _____

Date: _____

1) Overall Appearance of Building (check one)

Exterior	Yes	No	N/A
Interior	Yes	No	N/A
Rate Cleaning Crew	Yes	No	N/A
Landscaping & Mowing	Yes	No	N/A

2) Safety

Handicap access to front door	Yes	No	N/A
Exit Signs at every exterior doorway	Yes	No	N/A
Fire Extinguisher - Certification date _____	Yes	No	N/A
Workign Smoke Alarm	Yes	No	N/A
Phone, Computer or Extension cords in walk way	Yes	No	N/A
Windows & locks all work	Yes	No	N/A
Dead bold on all exterior doors (not required)	Yes	No	N/A
Electric box accessible	Yes	No	N/A
Plate covers on all electric outlets and switches	Yes	No	N/A
Medication Refrigerator - Marked Bio Hazard	Yes	No	N/A
Medication Refrigerator - Frost free	Yes	No	N/A
Medication Refrigerator - Log checked regularly (2x/day)	Yes	No	N/A
Medication Refrigerator - Temperature 35-46 degrees	Yes	No	N/A
Bio Hazard Closet/Cabinet/Container locked & organized	Yes	No	N/A
Rugs are lying flat, not a trip hazard	Yes	No	N/A
Heat & Air working properly	Yes	No	N/A
Exterminator service has visited in last 6 months	Yes	No	N/A

3) Signs

Name/phone number/hours of operation posted on door	Yes	No	N/A
Hand washing signs posted at each sink area	Yes	No	N/A
Human Resource information signs posted	Yes	No	N/A
PPE Poster	Yes	No	N/A
Patient Satisfaction Survey Poster (Deyta)	Yes	No	N/A
Wound Care Guidelines Poster	Yes	No	N/A
Star Posters (Both)	Yes	No	N/A
Privacy Poster (HIPPA)	Yes	No	N/A
License/Certificates displayed Exp. Date _____ See Below*	Yes	No	N/A
Emergency Exit Plans posted	Yes	No	N/A
Marketing Visual Boards posted	Yes	No	N/A

4) Equipment

Fax working properly	Yes	No	N/A
Phone working properly	Yes	No	N/A
Internet working properly	Yes	No	N/A
Copier working properly	Yes	No	N/A
Other _____	Yes	No	N/A

5) Overall appearance of the inside of building

Walkways in building are clear	Yes	No	N/A
Bathrooms are clean	Yes	No	N/A
Bathrooms are free of water leaks	Yes	No	N/A
Toilets work properly	Yes	No	N/A
Drains work properly	Yes	No	N/A
Kitchen is clean	Yes	No	N/A
Kitchen free of water leaks	Yes	No	N/A
Refrigerators - marked Food only	Yes	No	N/A
Refrigerator is clean	Yes	No	N/A
Refrigerated food stored properly	Yes	No	N/A
Stove is clean and functioning properly	Yes	No	N/A
All light bulbs are working inside building	Yes	No	N/A
Ceiling tiles do not have water damage	Yes	No	N/A
Storage area organized & locks properly	Yes	No	N/A
Furniture free of problems	Yes	No	N/A
Floors free of problems	Yes	No	N/A
Paint free of problems	Yes	No	N/A
Carpet clean and free of problems	Yes	No	N/A

6) Overall appearance of the outside of building

Parking Area:

Handicap parking marked	Yes	No	N/A
Lights working	Yes	No	N/A
Free of pot holes	Yes	No	N/A
Free of parking space issues	Yes	No	N/A
Free of trash	Yes	No	N/A

Steps/Porches:

Hand railing operational/free of hazards	Yes	No	N/A
Safe and clear of any hazards	Yes	No	N/A
Lights outside buildings are working	Yes	No	N/A
Smoking area clean	Yes	No	N/A

Please specify details:

Clinical Supervisor/Administrator Signature:
