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COLUMBIANA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
27 Vista Drive, P O Box 500, Lisbon, Ohio 44432

SUBJECT: ILLNESS, INJURY AND ACCIDENT PREVENTION

Section:

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Effective Date: 10/21/05

Supersedes:

**Approved By: Patricia A. Baumgarner
Executive Director**

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Revision Dates:

POLICY:

It is the policy of the Columbiana County Mental Health and Recovery Services Board to arrange for annual inspections by outside parties, to conduct semi-annual and quarterly self inspections, to document results of these inspections, and to make corrective actions when appropriate.

PROCEDURES:

1. **Inspection:** It is the Board's policy to arrange for annual inspections by outside parties, to conduct semiannual and quarterly self-inspections, to document results of these inspections, and to make corrective actions when appropriate.

a. There are two inspections completed by outside parties annually. These inspections will be arranged by the Administrative Secretary.

- Fire and fire extinguisher inspection completed by the Lisbon Fire Department
- Heating and cooling system inspection for leaks and efficiency completed by Columbia Gas.

b. Building inspections (for hazards) will be completed by CORSA when requested the Board or CORSA.

c. Semiannual self-inspections will be completed in January and July of each year using the Board's Semi-Annual Safety Self-Inspection Report form. Each inspection will be documented, problems noted, and corrections made, as appropriate.

Routine internal inspections completed on a quarterly basis include:

- An overall inspection of the Board office and outside buildings
- Routine inspections of smoke detectors and batteries in emergency lights

d. Each inspection will be documented, problems noted, and corrections made, as appropriate.

e. Reports will be filed in the Safety Section of the Board Administrative Assistant's file.

CCMHR SB:pr
10/21/05

COLUMBIANA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

SEMIANNUAL SAFETY SELF INSPECTION REPORT FORM

Date Inspected: _____ Inspected By: _____

Complete the following by responding Yes or No to each item; if No, specify the corrective action needed:

1. Evacuation routes clearly posted throughout the building and at principle points of passage: Yes _____ No _____
Comments: _____
2. Means of egress clean: Yes _____ No _____
Comments: _____
3. Hallways unobstructed: Yes _____ No _____
Comments: _____
4. Access to fire extinguishers clear: Yes _____ No _____
Comments: _____
5. Fire extinguishers inspected (seals intact, gauge in green operating position) within the last year: Yes _____ No _____
Comments: _____
6. Building exits clearly marked: Yes _____ No _____
Comments: _____
7. Materials and supplies safely stored: Yes _____ No _____
Comments: _____
8. Adequate first-aid inventory (examination gloves, bandage scissors, adhesive tape, gauze roll, cotton tip applicators, cold compress, adhesive strips, BZK towelettes, sting relief pads, iodine prep pads, Gauze pads, bandages, band aids, triple anti-biotic Ointment, Bayer aspirin, Tylenol, and CPR barrier devices): Yes _____ No _____
Comments: _____
9. First Aid Manual available at the first-aid station and reception area: Yes _____ No _____
Comments: _____
10. Operational backup lighting system: Yes _____ No _____
Comments: _____
11. Operational backup alarm system: Yes _____ No _____
Comments: _____

Self Inspection Report Form
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- 12. Electrical boxes labeled as to purpose and voltage: Yes _____ No _____
Comments: _____
- 13. Grounded plugs used on electrical equipment: Yes _____ No _____
Comments: _____
- 14. Clear access to electrical control panels: Yes _____ No _____
Comments: _____
- 15. Fire exit and tornado shelters posted where appropriate: Yes _____ No _____
Comments: _____
- 16. Storage areas uncluttered: Yes _____ No _____
Comments: _____
- 17. Smoke detector functioning: Yes _____ No _____
Comments: _____
- 18. Fire alarm functioning: Yes _____ No _____
Comments: _____

Additional comments or recommendations for improved building safety: _____

Corrective action necessary:

_____ Date Corrected: _____
_____ Date Corrected: _____
_____ Date Corrected: _____
_____ Date Corrected: _____