BEARTOOTH BILLINGS CLINIC

CARPETS AND FLOORING MONTHLY INSPECTION

DATE____/____/____ MAINTENANCE PERFORMED BY _____

1. Inspect all carpet for loose seams, wear and loose fibers._____
2. Inspect all vinyl flooring for rips, tears, poor seams and air bubbles._____
3. Write up work order on all problems found. Work order# _____
4. Use carpet cleaner quarterly on high traffic areas. Log dates and locations in floor maintenance log book.
5. Steam clean vinyl flooring quarterly in high traffic areas. Log dates and location in floor maintenance log book.
6. Clean any areas that are requested by staff and administration. Log accordingly.
7. Remarks._____

_____

PM #6077Q

REVISION DATE:04/11/11

BEARTOOTH BILLINGS CLINIC RED LODGE

REFRIDGERATOR INSPECTION

INSPECT ALL REFRIDGERATOR UNITS, INSPECT DOOR SEALS, RECORD TEMPERATURE, VACCUM OUT THE COOLING CONDENSERS AND FILTERS IF APPLICABLE. LABORATORY REQUIRES THIS BE PERFORMED MONTHLY, ALL OTHERS ARE TO BE QUARTERLY.

	SEALS	TEMP	VACCUM	
LAB GLASS DOOR COOLER	_____	_____	_____	DATE _____
LABORATORY	_____	_____	_____	DATE _____
LAB BLOOD BANK	_____	_____	_____	DATE _____
CLINIC KITCHENETTE	_____	_____	_____	DATE _____
CLINIC PHARMACY	_____	_____	_____	DATE _____
ACUTE CARE NURSES	_____	_____	_____	DATE _____
ACUTE CARE PATIENT	_____	_____	_____	DATE _____
PHARMACY	_____	_____	_____	DATE _____
ACUTE PHARMACY	_____	_____	_____	DATE _____
ER PHARMACY	_____	_____	_____	DATE _____
DOWNSTAIRS BREAKROOM	_____	_____	_____	DATE _____
PINK LADIES COFFEE SHOP (2)	_____	_____	_____	DATE _____
ADMIN KITCHENETTE	_____	_____	_____	DATE _____
ADMIN ICE MACHINE	_____	_____	_____	DATE _____
UPSTAIRS BREAKROOM	_____	_____	_____	DATE _____
OCCUPATIONAL THEARPY	_____	_____	_____	DATE _____
PHYSICAL THERAPY	_____	_____	_____	DATE _____
CERNER CABINETS (3)	_____	_____	_____	DATE _____

BEARTOOTH BILLINGS CLINIC

DIESEL FUEL TANK MONTHLY INSPECTION

DATE____/____/____ INSPECTION PERFORMED BY _____

1. Gauge fuel in tank. Inches: _____ Gallons: _____
2. Inspect area around tank. Check for leakage. Clean? _____
3. Record all measurements in systems test manual.
4. If fuel is required, notify director, and order from an outside vendor.

PM #5028Q REVISION DATE: 04/11/11

BEARTOOTH BILLINGS CLINIC

EMERGENCY LIGHTING BATTERY BACKUP TEST

MONTHLY/ANNUALLY

DATE___/___/___ INSPECTION PERFORMED BY _____

Monthly _____ Annual_____

1. Test emergency lighting for 30 seconds every month. Pass _____ Fail _____
2. Test emergency lighting for 90 minutes annually. Pass _____ Fail _____
3. If failed, diagnose and repair, replace battery if needed.
   Date battery was installed. __/__/__

Locations

All emergency rooms above entry doors, operating room above the main door, the electrical power room in the ceiling light fixture.

PM #5054Q

REVISION DATE:04/11/11

BEARTOOTH BILLINGS CLINIC

FIRE HYDRANT MONTHLY INSPECTION

DATE____/____/____ INSPECTION PERFORMED BY _____

1. Check cap and cover for looseness and operation. _____
2. Is hydrant area free of obstructions (snow, trash, etc.)? _____
3. Report any discrepancies, repair immediately and log into systems manual.

PM #5030Q

REVISION DATE:04/11/11

BEARTOOTH BILLINGS CLINIC

FIRE BARRIER PROCEDURE MONTHLY

DATE____/____/____ INSPECTION PERFORMED BY _____

1. Inspect fire barrier for any penetrations or holes. If yes, give location. _____
   Repair with fire proof material that meets building standards.
2. Repaired? _____
3. Report to supervisor any unusually large holes or penetrations.
4. Check inventory of approved fire barrier material, if needed order from outside vendor.

PM #5037Q

REVISION DATE: 04/11/11

BEARTOOTH BILLINGS CLINIC

TAMPER SWITCH SYSTEM INSPECTION

DATE____/____/____ INSPECTION PERFORMED BY _____

1. Contact appropriate personnel of test. _____
2. Close all 3 valves to close stop. _____
3. Verify that alarm sounds. _____
4. Open all 3 valves to open stop and clear alarm. _____
5. Remarks: _____

PM #5019Q

REVISION DATE: 06/26/12

BEARTOOTH BILLINGS CLINIC

MONTHLY EYEWASH STATION INSPECTION

DATE___/___/___ INSPECTION PERFORMED BY _____

EYEWASH STATIONS

1. Check water flow and that safety covers are in place.
2. Run water for a full three minutes.
3. Fill out the tag next to eye wash station in the clinic. _____

EMERGENCY LAB SHOWER

1. Check for leaks and drips.
2. Run water for a full 2 minutes. (5 GALLONS IN 15 SECONDS, BEWARE)
3. Clean and dry area from water spillage.

_____

EYEWASH STATION LOCATIONS

1. In the soiled utility room in the clinic.
2. Laboratory.
3. In the colonoscopy suite.
4. Acute Care soiled utility room.
5. E R soiled utility room. _____

REMARKS._____

Give copy of report to Lab Manager.

PM #5008Q

REVISION DATE:03/13/12

BEARTOOTH BILLINGS CLINIC

FIRE EXTINGUISHER MONTHLY INSPECTION

DATE____/____/____ INSPECTION PERFORMED BY _____

TYPE	LOCATION (4" FROM FLOOR)	PRESSURE	SEAL	REMARKS
ABC	PAITENT ROOM #107			
ABC	ACUTE CARE PHYSICIANS ROOM			
ABC	DIRECTOR OF NURSING OFFICE			
ABC	RADIOLOGY CLEAN ROOM			
ABC	LABORATORY			
ABC	SURGERY CLEAN ROOM			
ABC	ELEVATOR MECHANICAL ROOM			
ABC	CLINIC NEXT TO NURSES STATION			
ABC	HALLWAY BY FOOD PREP ROOM			
ABC	HALLWAY BY ELEVATOR			
ABC	HALLWAY BY DIETICIAN ROOM			
ABC	VAN			

MARK DATE ON ALL TAGS IN THE CLINIC AREA. ENTER THIS FORM INTO THE LOG BOOK.

BEARTOOTH BILLINGS CLINIC

WEEKLY RADIO AND COMMUNICATIONS EQUIPMENT CHECKLIST

Radio Operation_____

Battery Charge Status_____

Batteries not Stored on Charger (Unless Charging)_____

Battery Charger Operation: Red Light Green Light (circle one)

Wipe Off All Equipment_____

Check Antennas for Clearance and Obstructions_____

Nurses' Station Radio Operation_____

Wipe Off Nurses' Station Radio Equipment_____

Satellite Phone charged and operational._____

Satellite Base Phone operational._____

Date_____ Signature_____

Revised 05/06/11

BEARTOOTH BILLINGS CLINIC

MONTHLY GROUNDS INSPECTION

DATE____/____/____ INSPECTION PERFORMED BY _____

1. Check sidewalks for cracks, broken curbs and missing concrete.
2. Inspect parking lots for damaged asphalt, pot holes and worn striping.
3. Remarks: _____

PM #6068Q

REVISION DATE:04/11/11

BEARTOOTH BILLINGS CLINIC

PANIC/DURESS ALARMS MONTHLY INSPECTIONS

DATE____/____/____ INSPECTION PERFORMED BY _____

LOCATIONS:

ELEVATOR- THE YELLOW HELP BUTTON IS LOCATED AT THE BOTTOM OF THE ELEVATOR CONTROLL PANEL INSIDE OF THE ELEVATOR.

NORTH STAIRWELL- THE RED HELP BUTTON IS LOCATED AT THE TOP LANDING.

SOUTH STAIRWELL- THE RED HELP BUTTON IS LOCATED ON THE TOP LANDING.

ELEVATOR

1. Notify all key personnel about planed test.
2. Press alarm button. Wait for answer from Nurses station, you cannot communicate until voice contact is made from Nurses station, someone will respond to the elevator and another will keep a communication with the person in the elevator.
3. Response time;_____
4. Personnel reaction;_____
5. Comments and Observations:_____

STAIRWELLS

1. Notify all key personnel of planned test.
2. Press alarm button, wait for communication from Nurses station.
3. Response time: _____ Personnel Reaction: _____
4. Comments and observations:_____

Wander guard alarm:

1. Test alarm with triggering device from nurse's station. Working properly? _____

BEARTOOTH BILLINGS CLINIC

MONTHLY HELIPAD INSPECTION

DATE____/____/____ INSPECTION PERFORMED BY _____

1. Inspect helipad for any cracked or broken concrete.
2. Inspect all lights, repair if needed.
3. Inspect windsock. Replace if necessary and order replacement.
4. Side walk clear to building.
5. Remarks: _____

PM #6065Q

REVISION DATE:04/11/11

BEARTOOTH BILLINGS CLINIC

MEDICAL GASES MONTHLY INSPECTION

DATE____/____/____ INSPECTION PERFORMED BY _____

MEDICAL GASES (OXYGEN, NITROGEN, NITROUS OXIDE)

1. Notify all key personnel that test is going to be conducted. _____
2. Shut off tanks that are in use, did unit transfer to opposite side? _____
3. Did alarm sound at nurses station? _____
4. Shut off main oxygen tank, did it transfer to emergency K bottle system? _____
5. Did alarm sound at nurses' station? _____ Panel in main hallway? _____
6. Log any discrepancies and follow through on work orders.
7. Remarks: _____

MEDICAL AIR AND VACUUM

1. Notify all key personnel that test is being conducted.
2. Shut off unit test lights. Did alarm sound at nurses' station? _____
3. Check all wires and connections. _____
4. Individually test each unit to see if it maintains proper pressure to operate the system. _____
5. Write up any discrepancies, log all data and follow through with work order.
6. Remarks: _____

PM # 5010

Revision date: 04/12/11

BEARTOOTH BILLINGS CLINIC

MONTHLY WATER TEMPERATURES

DATE____/____/____ INSPECTION PERFORMED BY _____

1. Test hot water temperature at three (3) faucet locations. Test temperature after faucet has run for three minutes.
   Faucet 1: _____ Faucet 2: _____ Faucet 3: _____ Average: _____
2. Compare average faucet temperature to mixing valve temperature.
   Faucet temp: _____ Mixing valve temp: _____
3. Test cold water temperature at three (3) locations. Test temperature after water has run for two (2) minutes.
   Faucet 1: _____ Faucet 2: _____ Faucet 3: _____ Average: _____
4. Fill out water temperature log and enter into systems manual log book.
5. Remarks: _____

Test locations: HOT 1. _____

2. _____

3. _____

COLD 1. _____

2. _____

3. _____

PM #5051Q

Revised 05/06/11

BEARTOOTH BILLINGS CLINIC

MONTHLY DOOR OPERATIONAL INSPECTION

DATE____/____/____ MAINTENANCE PERFORMED BY _____

Inspect all doors in facility both interior and exterior.

Check operation of door: Does it latch properly?

Does door handle work correctly?

Does the locking mechanism work correctly?

Do the hinges need lubrication?

Is the serial number visible on fire door?

Does the automatic closer work properly?

Does the automatic opener work properly?

Will door stay open, on those without closer?

List doors with problems, use room number and the number on the Door frame.

_____

_____

_____

_____

_____

_____

_____

Revised 01/21/13