

# BLOOD BORNE PATHOGEN SAFETY INSPECTION

Date:		Department:	
Name of Person Completing:			

Item	Yes	No	N/A
1. Is a copy of the Blood Borne Pathogen Plan available to all employees?			
2. Has the Plan been reviewed/revised within the last 12 months?			
3. Does your department have any new employees? If yes, has Blood Borne Pathogen training (Scavenger Hunt) been provided?			
4. Have employees been classified into risk categories? (Category 1, 2, or 3 in the Blood Borne Pathogen Plan)			
<b>Departments at high risk for BBP exposure (Category 1), please complete the following.</b>			
5. Has appropriate Personal Protective Equipment (PPE) been made available to staff?			
6. Has the Hepatitis B vaccine been offered and administered to all new employees who consented?			
7. Are standard precautions being used by staff?			
8. Is an Incident/Exposure Report form available to employees?			
9. Are managers knowledgeable of the follow-up process for exposures?			
10. For each exposed employee, a confidential medical file including vaccination and incident/exposure reports is maintained?			
Recommendations for Improvement:			