

Clinic Safety Inspection Checklist

Workplace inspections must be completed at regular intervals to prevent the development of unsafe conditions.

General Information				
Clinic name:				
Clinic address:				
Inspection date:				
Clinic locations inspected:	Reception and waiting areas	Offices and admin areas	Exam and treatment rooms	Washrooms and staff areas
	Lab or nurse station	Storage areas (medical/general)	IT, mechanical, or utility room	Parking and entry areas

PART A – WORKPLACE INSPECTION

Items marked * are mandatory as per the British Columbia Occupational Health and Safety Regulation.

General Clinic Setting	Yes	No	N/A
* Floors and walkways are free of slips and trip hazards.			
Flooring is in good condition (e.g., carpets flat, floors clean, and not slippery).			
Tripping hazards that cannot be eliminated are clearly marked (e.g., changes in floor height, cords secured)			
*Stairs with more than 4 steps have a handrail on one side (on both sides if wider than 112 cm)			
*The clinic ventilation system is regularly inspected and maintained (building owner's responsibility).			
*Temperature control is in place to maintain a comfortable indoor work environment.			
*Sufficient washrooms are available for staff use.			
*Staff washrooms are clean, functional, and stocked with necessary supplies.			
*A designated area, free from workplace contaminants, is available for staff to store and eat food.			
*All clinic equipment (e.g., autoclave) is regularly inspected and properly maintained.			
Walkways are clear of materials or equipment and at least 1 metre (3 ft.) wide.			
*Smoking or vaping (including lit or activated products) is prohibited inside the clinic and within 6 metres (8 ft.) of doors, windows, and air intakes.			
No signs of water damage or leaks are apparent.			

Washrooms and treatment rooms have sinks with soap and towel dispensers for proper hand hygiene.			
Hand sanitizer is available throughout the clinic.			
Electrical	Yes	No	N/A
*Passageways around breaker boxes are clear, easily accessible, and not used for storage.			
*Flammable materials are not stored or placed near breaker boxes.			
All power outlets have faceplates.			
There are enough electrical outlets at each workstation, so outlets are not overloaded.			
Storage	Yes	No	N/A
*All materials and equipment are placed, stacked, or stored in a stable and secure manner.			
Storage space is adequate for the materials and equipment stored.			
Arrangement of storage areas does not impede access or egress.			
The photocopier area is equipped with proper ventilation.			
Chemical and Biological Hazards	Yes	No	N/A
*All chemical containers are properly labelled according to WHMIS 2015.			
*Safety Data Sheets (SDS) are current and available for all chemicals.			
*All chemicals are stored according to their SDS instructions.			
*Medical sharps containers are secured to prevent tipping or falling.			
*Safety-engineered needles are available for staff use during applicable medical procedures.			
*Biological samples and contaminated materials are stored in a designated area, clearly identified by signs, separate from occupied spaces such as lunchrooms.			
*Compressed gas cylinders are stored upright and are properly secured to prevent falling and rolling.			
*Compressed gas cylinders are protected from sparks, excessive heat and physical damage.			
An eye wash station is available and located where staff can access it at any time.			
Controls are in place to eliminate or minimize exposure to biological, chemical, or other agents.			
Proper sharp and non-sharp biomedical waste disposal containers are available.			

CONTINUE 

All PPE required to prevent occupational exposure to biohazards and chemicals are available in the clinic for staff to use.			
Staff use PPE appropriately.			
*If staff are exposed to asbestos or other hazardous materials in the building (e.g., drilling into walls or renovation), an Exposure Control Plan and training have been provided by the employer.			
Ergonomics	Yes	No	N/A
*Lighting meets minimum levels to ensure safe working conditions indoors and in outdoor areas (refer to OHSR 4.65, Table 4-1).			
*Ergonomic risks to workers have been eliminated or minimized where possible.			
Computer workstations (chair, desk, monitor) are ergonomic and fully adjustable to fit each worker.			
Footrests and headsets are provided as needed to support staff ergonomics.			
Shelving is easily accessible.			
Heavy objects are stored between knee and shoulder height.			
Safety and Security	Yes	No	N/A
There is a secondary exit door in the clinic.			
Adequate levels of light are available at entrances/exits and in parking areas.			
Visibility from the reception desk is clear, with no blind spots; staff can monitor all common areas, including the entrance.			
Desks and counters are of sufficient height and depth to provide a physical barrier and protect staff from threatening behaviour.			
The reception area contains no objects, tools, or equipment that could be used as weapons.			
A zero-tolerance notice or patient code of conduct for abusive or violent behaviour is posted in the reception area.			
Access to staff-only areas is controlled.			
Signs are in place to identify areas with staff-only access.			
Exam room layout allows staff a quick exit in a violent emergency.			
If an emergency call system (panic or duress) is in place, it is functional and regularly tested.			
If an entrance control system (e.g., buzzer) is in place, it is functional.			

Emergency Preparedness	Yes	No	N/A
*Fire extinguishers are wall-mounted, visible, accessible, and inspected within the past 12 months.			
*Emergency lighting is operational, clearly visible, and inspected within the past 12 months.			
*Emergency exit signs are clearly displayed, and exits are unobstructed and easy to open.			
*Flammable and combustible materials are properly stored away from sources of ignition.			
*Required occupational first aid kit is available, fully stocked, and easily accessible to workers.			
*First aid procedure is posted in the workspace and easily available for staff reference.			
Emergency contacts are posted by the phone or in an easily accessible area.			
Evacuation plans, including muster point, are available and current.			
Fire extinguisher locations are clearly marked.			
First aid signs are posted and clearly visible.			
Sprinklers are clear and unobstructed.			
Smoke detectors and fire alarm systems are in place and functioning.			
Additional Inspection Comments			

PART B – RECOMMENDATIONS

Item #	Corrective action	Assigned to	Completion date

CONTINUE

PART B – SIGN OFF

Inspection completion:			
Inspected by: (name, position)			
Signature:		Date completed:	
Inspected by: (name, position)			
Signature:		Date completed:	

Employer review:			
Reviewed by: (name, position)			
Signature:		Date reviewed:	

In community physician practices, inspections are typically conducted by the office manager (employer representative). If the clinic has a worker representative or a joint occupational health and safety committee, they should also participate.

After Parts A (Inspection) and B (Recommendations) are completed, the inspector(s) sign Part C and submit it to the employer. The employer reviews findings and tracks corrective actions.

Inspections should occur regularly to prevent unsafe conditions, at a minimum once per year. Unsafe or harmful conditions found during inspections must be remedied without delay.