Hospital Patient Safety Checklist

Safety & Compliance

DATE	UNIT / DEPARTMENT	INSPECTOR	SHIFT
____ / ____ / _____			

PATIENT IDENTIFICATION

	PASS	FAIL	N/A
Wristbands on all patients	○	○	○
Two-identifier protocol in use	○	○	○
Allergy bands visible and current	○	○	○
Whiteboards updated with care team	○	○	○
Name and DOB on medication labels	○	○	○

FALL PREVENTION

	PASS	FAIL	N/A
Fall risk assessments current	○	○	○
Bed alarms set for high-risk patients	○	○	○
Beds in lowest position, wheels locked	○	○	○
Call lights within patient reach	○	○	○
Non-slip footwear available	○	○	○
Wet floor signs in use where needed	○	○	○
Handrails clear and unobstructed	○	○	○
Pathway to bathroom clear	○	○	○

MEDICATION SAFETY

	PASS	FAIL	N/A
Medication carts locked when unattended	○	○	○
Controlled substances double-locked	○	○	○
High-alert medications labelled *Insulin, anticoagulants, concentrated electrolytes*	○	○	○
IV pumps labelled with drug and rate	○	○	○
No expired medications in dispensing area	○	○	○
Look-alike/sound-alike meds separated	○	○	○

INFECTION CONTROL

	PASS	FAIL	N/A
Hand hygiene dispensers stocked	○	○	○
Isolation precaution signage posted	○	○	○
PPE available outside isolation rooms	○	○	○
Sharps containers not overfilled *Replace at three-quarter fill line*	○	○	○
Clean and dirty utility rooms separate	○	○	○
Linen stored in covered containers	○	○	○
Wound care supplies within expiry	○	○	○
Staff observed using hand hygiene	○	○	○

EQUIPMENT & ENVIRONMENT

	PASS	FAIL	N/A
Emergency equipment accessible	○	○	○
Crash cart sealed and checked	○	○	○
Suction equipment functional	○	○	○
Electrical cords in good condition	○	○	○
No trip hazards in corridors	○	○	○
Fire exits clear and marked	○	○	○
Oxygen cylinders secured upright	○	○	○
Medical gas outlets functional	○	○	○

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EMERGENCY PREPAREDNESS

	PASS	FAIL	N/A		PASS	FAIL	N/A
Code Blue procedures posted	○	○	○	Emergency contact numbers posted	○	○	○
Evacuation routes posted and clear	○	○	○	Staff aware of rapid response protocol	○	○	○
Fire extinguishers inspected and tagged	○	○	○	Backup power tested for critical equipment	○	○	○

FINDINGS & CORRECTIVE ACTIONS

Summary of deficiencies found

Corrective actions required

Follow-up date _____

Inspector signature _____

Department head notified _____

Notes

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