

Manager/HCA:

Date:

DHIP EOC Audit Tool 2026

Item #	Question	Met	Not Met	N/A	Comments
1	No Weapons/No Smoking Sign available.				
2	Photo ID badges worn between the shoulders and the waist.				
3	Weather alert device present and on.				
4	Panic Buttons Present with Monthly Documentation.				
5	Emergency Response Guides posted. Contact Kenan Erginer if your area needs a poster.				
6	Fire Extinguishers clearly identified, not blocked, 4" off the floor and no higher than 5' above the floor.				
7	Unblocked corridors, exit doors, and pull stations.				
8	Exit Signs are properly working.				
9	Items are 18" inches from the sprinkler head in sprinkled areas and 24" from the ceiling in non-sprinkled areas.				
10	Sprinklers are intact: escutcheon plates present on sprinkler heads (ring between the sprinkler and the ceiling must be in place), covers present if applicable, no foreign material on sprinklers.				
11	Decorations/signage comply with the DUHS Facility Decorations policy found here: https://www.safety.duke.edu/sites/default/files/DUHS-Facility-Decorations-1-15.pdf				
12	Precautionary oxygen sign present and readable from 5' away on each door of a cylinder storage room. (Project Service Request). https://eo.duhs.duke.edu/				
13	Oxygen cylinders properly secured. Full/In-Use and Empty/Return are physically separated (tape is acceptable) and properly labeled.				
14	At least one oxygen tank is labeled as "Emergency Use Only". Black valve must be on.				
15	There is 36" clearance in all planes in front of electrical panels. Includes LIM panels.				
16	Electrical panels are closed/locked if located in a public area.				
17	Electrical plugs, switches, cover plates, cords are in good condition. No extension cords found.				
18	Is there adequate lighting? Are all lights working?				
19	Patient information secured (medical records, computers not left unlocked and unattended).				
20	Medications are secured. Temperature monitoring in place.				
21	Multidose vials have expiration date on (28 days after opening). Single dose vials are not used as multidose vials. Medications should not be stored in procedure rooms.				
22	All sharps are secured.				
23	Code cart daily readiness log maintained.				
24	Blue Bins have appropriate contents and poster. Bins are not full/overflowing. Proper pickup documents available.				
25	Biohazard stickers located on equipment/storage containers that store blood or other potentially infectious materials (OPIM). If equipment/storage containers are red, stickers are not required. Stickers need to be in good condition.				
26	Sharps containers are mounted or placed on a stabilizing tray. Emptied when it's 3/4 full. Per NIOSH: Standing workstation: 52 to 56 inches above the standing surface of the user Seated workstation: 38 to 42 inches above the floor on which the chair rests.				
27	Biohazard Containers are not directly on the floor (cardboard boxes) and they are covered.				
28	Supplies are located 12" from the sink/outside the splashguard. Nothing is stored under the sinks.				
29	Clinical equipment have current and readable PM stickers. Broken equipment labeled "not in use"/Clinical Engineering contacted for pickup.				
30	Supply rooms free of clutter: no corrugated cardboard, no supplies on the floor, impervious bottom present.				
31	No expired supplies found				
32	Respiratory protection (N95 or PAPR) available. https://www.safety.duke.edu/occupational-hygiene-safety/Upcoming-Fit-Test-Sessions				
33	Emergency pull cords are 4-6" off the floor, not looped around grab bars, and knot free.				
34	Any fans located in the clinics are cleaned appropriately. No noticeable dust and must be able to verbalize a cleaning plan.				
35	Area is in clean/good condition: flooring, vents, etc. no repairs required.				
36	Ceiling tiles intact. No holes, water stains, missing tiles, tiles are in place.				
37	No slip, trip, or fall hazards in the hallways or exam rooms. Wet floor signs used appropriately.				
38	Food and drinks not found around chemicals, blood, and other potentially infectious materials (OPIM). Areas have a designated hydration station (if applicable).				
39	PPE available at the point of use, including face protection for high level disinfection (HLD) and sterilization.				
40	HLD room: neutralizers present for aldehyde based disinfectants (Formago and HydeOut). Staff following IFUs.				
41	Eyewash station not blocked, height is appropriate, adequate head space is present. Asset tags present if maintained by E&O.				

42	Eyewash maintenance is performed and documented weekly and annually (temperature check).				
43	Housekeeping closets/rooms are locked if located in a public/pediatric area. All products must be hospital grade/Duke approved.				
44	Staff know how to look up SDS forms (including HLD solutions). Current SDS forms available in housekeeping closets. EPA registered, DUHS approved disinfectant for blood spills present.				
45	Secondary chemical containers have OSHA compliant labels (product name and hazards) and are not expired. This also applies to EVS rooms.				
46	Staff can locate their emergency (red) and life and fire safety (purple) binders.				
47	All EOC items present in the RED and PURPLE books.				
48	Regulated Medical Waste paperwork available (Stericycle pick up and certificates of destruction). Trained staff need to have certificates available.				
49	Staff know how to report a security emergency. Security Alert, 911, panic buttons, back of badge includes entity specific emergency contact information.				
50	Staff can locate the hardcopy of their Fire Response Plan, their department disaster sub-plan or Redbook. Clinics are required to store this book at the main desk or workroom, in an easily accessible location known to all staff; and not kept in a locked office.				
51	Staff can articulate RACE and PASS.				
52	Staff know how to report a safety concern (SRS or OESO email).				
53	Staff know how to report facility issues? Work order to 919-684-3232 or eo.duhs.duke.edu. For leased buildings, contact Sarah Rocha.				
54	Staff know how to report a blood or body fluid exposure.				
55	Staff know what to do in case of a chemical spill. Spill kit available in areas that handle chemo and hazardous drugs.				
56	Staff is able to unlock bathroom door in under 2 minutes.				
57	Staff can explain TB protocol: first step when TB is suspected in a patient.				
58	Other Safety Concerns				