

BLOODBORNE PATHOGEN COMPLIANCE INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Exposure Control Plan

Yes No — Written exposure control plan is accessible and updated

Yes No — Job classifications with exposure risk are identified

Yes No — Procedures for evaluating exposure incidents are documented

Yes No — Annual review of the plan is recorded and signed

Personal Protective Equipment (PPE)

Yes No — Appropriate PPE is readily available and in good condition

Yes No — Gloves, masks, and eye protection are used correctly

Yes No — PPE is removed and disposed of before leaving work area

Yes No — Staff are trained on the limitations and care of PPE

Engineering and Work Practice Controls

Yes No — Sharps containers are puncture-resistant and labeled

- Yes No — Handwashing facilities are accessible and stocked
- Yes No — Contaminated needles are not bent, sheared, or recapped
- Yes No — Work surfaces decontaminated after contact with blood

Training and Recordkeeping

- Yes No — Employees receive initial and annual BBP training
- Yes No — Training records include dates and trainer qualifications
- Yes No — Hepatitis B vaccinations are offered to at-risk staff
- Yes No — Medical records for exposed employees are kept confidential

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately