

# DOEHRS-IH EHM: LAUNDRY DRY CLEANING REPORT

See DA PAM 40-11

<b>1. FACILITY NAME:</b>	<b>2. FACILITY ADDRESS:</b>	<b>3. INSTALLATION:</b>	<b>4. START DATE (YYYYMMDD)</b>	<b>TIME: HH:MM</b>
			<b>5. END DATE (YYYYMMDD)</b>	<b>TIME: HH:MM</b>

<b>6. INSPECTOR (Surveyor)</b>	a. Name and Rank:	b. Phone:	c. Email:	d. Unit/Organization:
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<b>7. PERSON IN CHARGE (PIC):</b>	a. Full Name:	b. Phone:	c. Official Email:
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<b>8. CONTRACTOR OPERATED (select one)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>9. CUSTOMER SELF-SERVED</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>10. TYPE OF FACILITY: (select one)</b>	<input type="checkbox"/> Laundry	<input type="checkbox"/> Dry Cleaning	<input type="checkbox"/> Laundry & Dry Cleaning combined	<input type="checkbox"/> Tactical Laundry (military unit)	<input type="checkbox"/> Other (specify):
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<b>11. INSPECTION TYPE (select one)</b>	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Complaint	<input type="checkbox"/> Pre-Opening	<input type="checkbox"/> Other (specify):
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Item	Employee Hygiene	Yes	No	N/A	Item	Hospital/Health Care Facility Laundry (continued)	Yes	No	N/A
1	Have all personnel exposed to dry cleaning solvents received pre-employment and periodic physical examinations on a schedule determined by the medical authority?				22	Are all sharp objects, such as broken glass, surgical instruments, etc., removed by sorting personnel?			
2	Are clean, washable outer garments worn in lieu of street clothing?				23	Is all contaminated laundry from surgical and isolation rooms received in impervious, well-sealed double bags with the outer bag labeled with the universal biohazard symbol or the word "Biohazard" or is red in color? Inner bag is hot water soluble?			
3	Are the outer garments removed prior to eating?								
4	Does Employee wash hands after visiting toilet or handling soiled linen?								
					24	Is all contaminated linen washed and dried prior to sorting?			
					25	Does ventilation move air from clean to soil to sorting areas to prevent cross contamination?			
Item	Sanitary Facilities	Yes	No	N/A	Item	Hygienically Safe Laundry	Yes	No	N/A
5	Is laundry facility located to prevent steam, odors, lint, and objectionable noises from reaching personnel, administrative, and living areas?				26	Are all laundered articles cleaned and free of animal, chemical, and bacterial substances or other harmful materials?			
6	Are the premises maintained in a clean and sanitary condition?								
Item	Industrial Hygiene and Safety	Yes	No	N/A	Item	Hospital/Health Care Facility Laundry	Yes	No	N/A
7	Are the premises free from infestation by rodents and insects?				27	Are workrooms properly ventilated?			
8	Are the floors cleaned at least once daily by dustless methods?				28	Is ventilation system of all dry cleaning equipment designed to automatically draw air into the machine upon opening the loading door?			
9	Is all paper and trash placed in covered containers?								
10	Is lint removed as necessary?				29	Are all steam and hot water pipes insulated with approved (non-asbestos) lagging?			
11	Are plumbing fixtures and appliances installed in accordance with established standards, maintained in good repair, and kept in a sanitary condition?				30	Are adequate lighting levels provided?			
12	Are fixtures and appliances connected to prevent backflow or cross-connections with the potable water supply?				31	Are appropriate control measures initiated when air concentration of dry cleaning materials exceeds permissible exposure levels?			
13	Are adequate water fountains and toilet facilities with a shower and ample locker space provided and maintained in a sanitary condition?				32	In the event of accidental spills, does proper personal protective equipment, to include respiratory protection, gloves, and apron worn during cleanup operations?			
14	Do employees cook, eat, smoke, or store food, drinks, or smoking material only in designated break areas?				33	Is machinery producing potentially hazardous noise/vibration levels identified and proper corrective measures initiated?			
15	Are there separate areas designated for receiving and issue?								
16	Is unwashed laundry received, sorted, marked, and handled so it is physically separated from clean laundry?				34	Do personnel exposed to sound pressure levels greater than 84 dBA (decibels-A scale) wear proper hearing protection devices and receive periodic audiometric testing and/or evaluation?			
17	Is a separate flow of clean and soiled garments maintained throughout the laundry or cleaning process?								
18	Does ventilation move air from clean to soiled areas to prevent cross contamination?				35	Is eye protection (safety glasses, goggles, face shields, etc.) required in operations where splashes may occur such as replenishment of dry cleaning fluid, or the addition of bleaches and detergents?			
19	Are all vehicles and containers used for transportation and storage of laundry/dry cleaning kept clean and in a sanitary condition?								
					36	Is emergency eye wash station provided within the work area?			
Item	Hospital/Health Care Facility Laundry	Yes	No	N/A	Item	Industrial Hygiene and Safety	Yes	No	N/A
					37	Are automatic safety devices on all equipment clearly identified, properly maintained, and not removed or bypassed?			
20	Are all linen carts lined with a washable material that can be removed and replaced easily?				38	Are guardrails constructed in connection with ironers, compressors, and other dangerous equipment? Are drive shafts, exposed belts, and gears enclosed?			
21	Is all linen sorted in the laundry sorting room prior to washing by trained personnel wearing clean uniforms, masks, and gloves?				39	Are signs conspicuously posted to warn unauthorized personnel to stay clear of dangerous or restricted areas?			

Item	Industrial Hygiene and Safety (continued)	Yes	No	N/A	Item	Industrial Hygiene and Safety (continued)	Yes	No	N/A
40	Are first aid kits for emergency use provided as required by applicable Occupational Safety and Health Administration (OSHA) regulations?				43	Is training provided in safety, first aid, hazardous chemicals, and use of personal protective equipment?			
41	Floors, decks, and overhead walkways free from slipping hazards and clutter?				44	Are hazardous and flammable materials stored in accordance with current directives?			
42	Only properly trained personnel allowed to operate flat work ironing machines?				45	Are fire regulations prominently displayed and enforced?			

**12. OVERALL REMARKS** (describe individual Item deficiencies here)

<b>13. INSPECTION RATING:</b>	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<b>14. FOLLOW-UP REQUIRED:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>15. FOLLOW UP DATE NLT: (YYYYMMDD)</b>	
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**16. SIGNATURE:** *Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and date scheduled for follow-up inspection (unsatisfactory inspections only).*

a. Inspector Signature		b. DATE: (YYYYMMDD):
c. Person In Charge Signature		d. DATE (YYYYMMDD):