



## LABORATORY SAFETY INSPECTION

Department: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Building & Room: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Status During Inspection:  occupied  unoccupied

Lab  Equipment Room  Other \_\_\_\_\_

### General Postings and Policies n/a

Designated Area Door Sign with current names & phone numbers	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Glove Poster and Essential Info on Chemical Safety poster visible	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
EHS policy binder present and up to date	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Hazardous Waste SAA Sign posted	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Emergency Phone Numbers Posted	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

### General Emergency/Safety Equipment n/a

Eye wash stations accessible/operational/labeled	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Safety showers accessible/labeled	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Fire extinguishers present, inspected and posted	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
PPE available: Gloves, Aprons, Lab Coats, Safety Glasses, Splash Goggles, Face Shield	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Proper attire in lab (no shorts, sandals, exposed skin)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Spill kit available	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

### Hazardous Chemical Storage and Safety Check n/a

Chemicals segregated by chemical compatibility	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Containers sealed and labeled	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Chemical inventory acceptable - (no old, or duplicate containers) volume acceptable	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Date received/opened noted	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Liquids stored below eye level	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Liquids in secondary containment/cabinets with containment sumps	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Peroxide forming chemicals dated/tested	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
<i>Flammable Liquids:</i>			
Stored/used away from ignition sources	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Approved FM/UL cabinet	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Acceptable volumes stored in lab (20 Gallons per lab maximum in FM cabinets)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

### Gas and Cryogen Safety n/a

Cylinders secured in top third	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	Capped when not in use	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Properly labeled	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	≤ 1 Liquefied flammable tank/lab	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
≤ 2 Flammable/O <sub>2</sub> tanks/lab	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	Regulators shut off	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Stored in vented enclosure (required for toxics, pyrophorics, and corrosive gasses)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a						
Cryogenic liquid safety	<input type="checkbox"/> Gloves	<input type="checkbox"/> Eye/Face protection	<input type="checkbox"/> n/a				

### Chemical Fume Hood Safety n/a

Chemical fume hood poster	<input type="checkbox"/> yes <input type="checkbox"/> no	Unobstructed airflow and vents	<input type="checkbox"/> yes <input type="checkbox"/> no
Spot test face velocity	<input type="checkbox"/> yes <input type="checkbox"/> no	Certified within last year (Sticker)	<input type="checkbox"/> yes <input type="checkbox"/> no
Hood Number (average face velocity): _____			

### Hazardous Waste Collection and Storage n/a

Haz waste label affixed, completed, legible	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Waste segregated per EHS guidelines/in Secondary containment	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Full waste containers promptly disposed (<10 gallons/SAA)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
<input type="checkbox"/> Containers sealed	<input type="checkbox"/> clean	<input type="checkbox"/> non-leaking	<input type="checkbox"/> compatible

### Electrical Safety and Equipment Check n/a

Electrical cords in good condition	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	No extension cords as permanent wiring	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Outlets/plugs tested/acceptable	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Circuit breakers/GFCI's near water	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
LO/TO posting for hardwired equipment	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	36 inch clearance for electric panels	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

### General Safety and Housekeeping n/a Otherwise acceptable

General housekeeping acceptable (trip/fall hazards)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Clear routes of egress (3 foot aisle space)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Shielding on vacuum/pressurized glassware	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Food, drink, and cosmetics restricted from lab	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Ultrafuge runs are logged for PM schedule	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Vacuum systems protected with inline filters	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
Sharps managed properly (razor blades, needles, broken glass, scalpels)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

*General Comments:* (Make note of particular safety issues. Unique hazards may require special precautions.)