

NDSU Laboratory Safety Checklist

Bldg/Rm. _____

Date: _____

Inspected by: _____

I. HOUSEKEEPING/HYGIENE:

YES/OK NO N/A

- Emergency Contacts Sign Posted _____
- Hand washing facility available _____
- Counter clean & clear of clutter _____
- Work surfaces covered _____
- Floor clean & clear of clutter _____
- Hallways clean & clear of clutter _____
- Doors to work areas kept closed during experiments _____
- Combustible items stored near flammable Liquid Storage _____
- Eating, beverages restricted to non-chemical area _____

II. CHEMICAL STORAGE:

YES/OK NO N/A

- Food & chemicals in separate refrigerators _____
- Chemicals stored in 1-gallon size or smaller _____
- Flammable Chemicals stored in proper cabinets & labeled _____
- Acids & bases segregated _____
- Carcinogens & Highly Toxic Chemicals in vented cabinets _____
- Peroxidizables dated & disposed of before expiration _____
- Containers in good condition _____

III. PERSONAL PROTECTIVE EQUIPMENT:

YES/OK NO N/A

Safety glasses/goggles worn	_____	_____	_____
Gloves available & worn	_____	_____	_____
Lab coats available & worn	_____	_____	_____
Lab coats removed when leaving room	_____	_____	_____
Respirators available & worn	_____	_____	_____
IV. VENTILATION:	<u>YES/OK</u>	<u>NO</u>	<u>N/A</u>
Laboratory hoods present	_____	_____	_____
Hood sash in working order	_____	_____	_____
Hood interior clean, uncluttered, not used as storage	_____	_____	_____
Vapors from Analytical Instruments captured by local exhaust	_____	_____	_____
V. SPILL CLEAN-UP:	<u>YES/OK</u>	<u>NO</u>	<u>N/A</u>
Clean-Up Procedures Known by Personnel	_____	_____	_____
Spill Kit	_____	_____	_____
Labsorb Spill Kit in hallway	_____	_____	_____
VI. WASTE MANAGEMENT:	<u>YES/OK</u>	<u>NO</u>	<u>N/A</u>
Accumulation in suitable closed containers	_____	_____	_____
Waste containers labeled & dated	_____	_____	_____
Waste containers properly segregated	_____	_____	_____
Waste stored away from hallways, work areas, etc.	_____	_____	_____
Amount of flammable waste less than 10 gallons	_____	_____	_____
VII. EMERGENCY:	<u>YES/OK</u>	<u>NO</u>	<u>N/A</u>
Emergency #'s on or by phone	_____	_____	_____

Exits clearly marked	_____	_____	_____
Exit doors free to close	_____	_____	_____
Fire Extinguisher unblocked & clearly marked	_____	_____	_____
Safety shower clearly marked	_____	_____	_____
Eyewash clearly marked	_____	_____	_____
Fire blanket	_____	_____	_____

VIII. **COMPRESSED GASES:** **YES/OK** **NO** **N/A**

Manual shut off valves	_____	_____	_____
Gases with high toxicity kept in hood	_____	_____	_____
Cylinder secured in vertical position	_____	_____	_____
If in storage, is protective cap on	_____	_____	_____

IX. **ELECTRICAL:** **YES/OK** **NO** **N/A**

Equipment doubly insulated or grounded (3 prong plug)	_____	_____	_____
Cords in good condition	_____	_____	_____
Outlets not overloaded	_____	_____	_____

X. **BIOLOGICAL HAZARDS:** **YES/OK** **NO** **N/A**

Proper precautions taken	_____	_____	_____
Labeling	_____	_____	_____
Carcinogens - precautions/labeling	_____	_____	_____
Biohazard waste disposed of properly	_____	_____	_____

