

Building/Room: _____ Date: _____

Inspected By: _____

I. Housekeeping/Hygiene:

Yes/OK	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Contacts sign posted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand washing facility available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counter clean and clear of clutter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work surfaces covered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor clean and clear of clutter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hallways clean and clear of clutter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors to work area kept closed during experiments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combustible items not stored near flammable Liquid Storage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating, beverages restricted to non-chemical area

II. Chemical Storage

Yes/OK	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and Chemicals in separate refrigerators
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemicals stored in 1-gallon size or smaller
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flammable chemicals stored in proper cabinets and labeled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acids and bases segregated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carcinogens and highly toxic chemicals in vented cabinets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peroxidizables dated and disposed of before expiration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers in good condition

III. Personal Protective Equipment

Yes/OK	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses/goggles worn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves available and worn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lab coats available and worn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lab coats removed when leaving room
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respirators available and worn

IV. Ventilation

Yes/OK	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory hoods present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hood sash in working order
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hood interior clean, uncluttered, not used as storage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vapors from Analytical Instruments captured by local exhaust

V. Spill Clean-Up

Yes/OK	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean-up procedures known by personnel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Labsorb Spill Kit in hallway

VI. Waste Management

<u>Yes/OK</u>	<u>NO</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste accumulation in compatible containers in good condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste containers labeled and dated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste containers closed when not in active use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste containers properly segregated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste stored away from hallways, work areas, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount of flammable waste less than 10 gallons
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solid and liquid hazardous waste disposed by Safety Office collection and removal

VII. Emergency

<u>Yes/OK</u>	<u>NO</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency numbers on or by phone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exits clearly marked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit doors free to close
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher unblocked and clearly marked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety shower unblocked and clearly marked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyewash unblocked and clearly marked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire blanket available

VIII. Compressed Gases

<u>Yes/OK</u>	<u>NO</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual shut off valves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gases with high toxicity kept in hood or gas storage cabinet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cylinder secured in vertical position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has protective top and is secured during storage

IX. Electrical

<u>Yes/OK</u>	<u>NO</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment doubly insulated or grounded (3 prong plug)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords in good condition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets not overloaded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surge protectors and not extension cords used when necessary

X. Biological Hazards

<u>Yes/OK</u>	<u>NO</u>	<u>N/A</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper precautions taken
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate labeling of containers and other biohazardous equipment and material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carcinogens and other biological toxins properly labeled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biohazard waste disposed of properly

Inspector Signature

Date

Please retain a completed and signed copy of this form in your file.