



<b>Contact Information</b> Principal Investigator or Faculty :			
Department:	Building:	Room:	Inspector:
Email:	Phone:	Today's Date:	Today's Time:
<b>Documentation and Training</b>			
1. Chemical Hygiene Plan complete and updated annually.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
2. An up to date inventory is maintained for all hazardous materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
3. Safety Data Sheets (SDS) available at all times employees/students are present (electronic or paper form).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
4. Employees/students have received lab safety training.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
<b>Personal Protection Equipment and Engineering Controls</b>			
5. Personal clothing and shoes cover feet and legs.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
6. Long hair tied back, jewelry or other loose items are covered or removed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
7. Lab coats worn and made of appropriate material.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
8. Appropriate gloves available and worn.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
9. Goggles/ face shields available and worn.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
10. Respirators are available and used in the laboratory. If yes...	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
a. Respirator training, fit test, and medical evaluation are complete and up to date for each employee.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
b. Respirators are properly cleaned, stored and inspected.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
11. Chemical fume hood/ biosafety cabinets are free of clutter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
12. Chemical fume hoods/ biosafety cabinets have been certified in the last 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
<b>General Laboratory Safety</b>			
13. Personnel understand eating and drinking are prohibited in the lab.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
14. Lab is secure; doors are locked when lab is unoccupied.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
15. Aisles are unobstructed and maintained at least 36" apart.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
16. Lab benches and work areas are free of clutter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
17. Shelves and cabinets are in good condition and free of clutter.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
18. Refrigerator and freezers are labeled not for food storage.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
19. No food or drink are allowed in laboratory use refrigerators.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
20. Equipment is in good repair with evidence of proper maintenance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
21. All guards and shields are in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
22. All equipment safety signs are posted and in good condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
<b>Chemical Safety</b>			
23. Containers are in good condition, labels are intact and legible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
24. Chemical containers are properly segregated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
25. There is no storage of chemicals above eye level.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
26. Flammable liquids are stored in NFPA approved safety cabinets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
27. Corrosives are stored in acid cabinets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
28. Peroxide formers are properly labeled and inventory tracked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

<b>Compressed and Cryogenic Gas Safety</b>	
29. Gas cylinders are stored upright and are properly secured.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
30. Gas cylinder caps are properly secured when not in use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
31. Flammable gases are stored separately from oxidizers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
32. Cryogenic and flammable gases are stored in well-ventilated areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
33. Proper regulators are in use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
34. Cylinders moved using cylinder trucks with regulators removed and caps secured.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Waste Management</b>	
35. Chemical and biological waste are not disposed via trash or drains unless approved by ORCIS.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
36. Storage containers are appropriate for the waste and are in good condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
37. Waste containers are properly labeled with date and contents.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
38. Waste container lids are tightly closed unless adding waste.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Emergency Planning &amp; Response</b>	
39. Employees/students demonstrated familiarity with building evacuation procedures and location of fire alarms and exits.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
40. Employees/students demonstrated familiarity with the location and used of fires extinguishers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
41. Spill control equipment available and employees/students are familiar with their use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
42. Safety shower and eyewash accessible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
43. Safety shower tested within the past year.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
44. Eyewash tested monthly.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
45. Emergency procedures and phone numbers are clearly posted.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
46. Fire alarm pull stations are unobstructed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
47. Fire extinguishers are correct type for hazards present, pressure gauges indicate full and inspection tag is for the current year.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Electrical Safety</b>	
48. Emergency cut-off panels and switches are accessible.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
49. Electrical outlets and outlet strips are not overloaded.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
50. GFCI outlets are present.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
51. Electrical cords are clear of aisles, sinks and are in good condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
52. UL listed power strips shall be used. Extension cords are prohibited.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Equipment Safety</b>	
53. Equipment is unobstructed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
54. Equipment is fastened to a stable surface.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
55. Equipment manual or standard operating procedure is available for any machine that may present an injury hazard.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
56. Equipment guards are in place and interlocks are not defeated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

57. Equipment emergency shut-off is functioning and unobstructed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Other</b>	
58. Lab identification information is current and correct.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>Comments</b>	

Date	Reviewed by	Changes
2/16/2022	Lab Safety Manager	none