

Environmental Health & Safety Laboratory Safety Inspection Guide

Laboratory Inspection Information

Department: _____ Building & Room: _____ Principal Investigator: _____
 Assessment date: _____ Contact person: _____ Notified inspection: Yes No
 Performed by: _____ Campus phone: _____ PI present: Yes No

<p>Laboratory Working With</p> <p><input type="checkbox"/> Animal</p> <p><input type="checkbox"/> Hazardous Biological Agent</p> <p><input type="checkbox"/> Chemical/Hazardous materials</p> <p><input type="checkbox"/> Radioactive Materials</p> <p><input type="checkbox"/> Other (specify below): _____</p>	<p>Food Approval</p> <p><input type="checkbox"/> Lab room approved for eating and food storage</p> <p>Notes:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>OK General Laboratory Practice Comments: _____</p> <p><input type="checkbox"/> No eating/food policy observed</p> <p><input type="checkbox"/> Bench top condition</p> <p><input type="checkbox"/> Good housekeeping</p> <p><input type="checkbox"/> All containers labeled for use</p> <p><input type="checkbox"/> Other (specify below): _____</p>
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<p>OK Laboratory Equipment Comments: _____</p> <p><input type="checkbox"/> Vacuum pumps in good order</p> <p><input type="checkbox"/> Centrifuge in good order</p> <p><input type="checkbox"/> Gas cylinder labeled, secured</p> <p><input type="checkbox"/> Freezers/fridge approved for content</p> <p><input type="checkbox"/> Fume hood inspected</p> <p><input type="checkbox"/> Safety shower/eye-wash</p> <p><input type="checkbox"/> Equipment are labeled for proper use</p>	<p>OK Laboratory Facilities Comments: _____</p> <p><input type="checkbox"/> Appropriate laboratory security</p> <p><input type="checkbox"/> Emergency exit posted</p> <p><input type="checkbox"/> Posting for Bio., Rad., & Chem.</p> <p><input type="checkbox"/> Nonporous floor</p> <p><input type="checkbox"/> Adequate lighting</p> <p><input type="checkbox"/> Adequate plumbing (sink, etc.)</p> <p><input type="checkbox"/> Materials are properly labeled/stored</p>
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<p>Miscellaneous Equipment Comments: _____</p> <p><input type="checkbox"/> Spill kits (Bio. & Chem.)</p> <p><input type="checkbox"/> First Aid Kit</p>	<p>OK Wastes Comments: _____</p> <p><input type="checkbox"/> All waste containers are labeled</p> <p><input type="checkbox"/> All materials are properly disposed</p>
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<p>OK Basic Safety Equipment Comments: _____</p> <p><input type="checkbox"/> Appropriate PPE present</p> <p><input type="checkbox"/> Fire extinguishers current</p> <p><input type="checkbox"/> SHARPS containers labeled</p>	<p>OK Biological Safety Comments: _____</p> <p><input type="checkbox"/> Laboratory posted for biohazardous</p> <p><input type="checkbox"/> Biohazardous materials are properly labeled and stored</p> <p><input type="checkbox"/> Biohazardous wastes are properly labeled and disposed of</p> <p><input type="checkbox"/> (For BSL-2) Adequate security of all biohazardous materials</p> <p><input type="checkbox"/> BSC certification is current</p>
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<p>OK Radiation Safety Comments: _____</p> <p>Radionuclides used: _____</p> <p>: Proposal(s) expiration date: _____ ()</p> <p>Users names _____</p> <p><input type="checkbox"/> Use of dosimeters (if required)</p> <p><input type="checkbox"/> Authorized RAM use per proposal</p> <p><input type="checkbox"/> Authorized RAM users</p> <p><input type="checkbox"/> Current, accurate inventory reports</p> <p><input type="checkbox"/> Use areas clearly identified</p> <p><input type="checkbox"/> Absorbent paper on RAM work area</p> <p><input type="checkbox"/> Radiation Safety Manual available</p> <p><input type="checkbox"/> Calibrated survey meter present (Batt. OK)</p> <p><input type="checkbox"/> Adequate security of RAM</p> <p><input type="checkbox"/> Designated RAM disposal sink used</p> <p><input type="checkbox"/> Radiation Levels ALARA</p>	<p>OK Chemical Safety Comments: _____</p> <p><input type="checkbox"/> Current chemical inventory</p> <p><input type="checkbox"/> Chemical Hygiene Plan/S.O.P.</p> <p><input type="checkbox"/> MSDS available for extremely toxic chemical</p> <p><input type="checkbox"/> Properly labeled chemicals</p> <p><input type="checkbox"/> Chemicals containers are closed</p> <p><input type="checkbox"/> Appropriate storage of chemical</p> <p><input type="checkbox"/> Storage based on compatibility</p> <p><input type="checkbox"/> Peroxide formers dated</p>
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