



# LABORATORY INSPECTION FORM

	Room:	Building:	Date:
	PI/Supervisor:		Department:
	Laboratory Supervisor: :		Inspection Completed by:
	Purpose of Lab:		
	This lab contains [COMPRESSED GAS CYLINDERS <input type="checkbox"/> Yes <input type="checkbox"/> No] [BIOHAZARDS <input type="checkbox"/> Yes <input type="checkbox"/> No] [HOODS <input type="checkbox"/> Yes <input type="checkbox"/> No] [BIOSAFETY CABINET <input type="checkbox"/> Yes <input type="checkbox"/> No]		

	Satisfactory	Satisfactory with minor corrections	Unsatisfactory	N/A	Comments
<b>Chemical Storage</b>					
Compressed Gas Cylinders are secured and stored upright, caps are in place if not connected to equipment					
Chemical containers are in good condition					
Chemical containers are properly labeled					
Chemicals are stored on shelves/in cabinets					
Chemicals are segregated by chemical compatibility					
<b>Emergency Preparedness</b>					
Student assistants have completed HazCom and Lab Safety training					
Lab personnel/students wear/use proper protective equipment (gloves, goggles, etc.) while in lab					
Chemical spill supplies are available					
SDSs are available					
A copy of the Dept. CHP with updated SOPs is available					
Signs posted with contact personnel					
Emergency numbers posted by telephone					
<b>Laboratory Housekeeping</b>					
Area appears neat and free of clutter					
Work areas and/or benchtops are clean					
Pathways are clear of obstructions (debris, spilled liquids, tripping hazards)					
There are no food or drink containers in the lab					
<b>Electrical Hazards:</b>					
Extension cords are prohibited					
Outlet extenders are prohibited					
Electrical cords are in good condition					
Surge suppressors/multi-outlets used properly					
<b>Personal Protective Equipment Present &amp; Used</b>					
Laboratory Coats					
Gloves (Disposable & Chemical)					
Safety glasses/goggles/face shield					
Other (apron, respirator, ear plugs, etc.)					

	Satisfactory	Satisfactory with minor corrections	Unsatisfactory	N/A	Comments
<b>General Safety Equipment:</b>					
Number of hoods _____					
Hoods are clear from front to back for good air flow					
Sashes are down when not in use					
Storage of chemicals and equipment is kept to a bare minimum in hood					
Eyewash Stations Unobstructed/accessible					
<b>Last inspection date:</b>					
Fire extinguishers Unobstructed/accessible					
<b>Last inspection date: 9-1-2018</b>					
Safety Shower Unobstructed/accessible					
<b>Last inspection date:</b>					
First Aid Kit Unobstructed/accessible					
<b>Last inspection date:</b>					
<b>Waste Handling:</b>					
Chemical waste managed properly					
Sharps are managed properly (razor blades, needles, broken glass)					
Biological waste managed properly					
Radiological waste managed properly					
Glassware/plastics/sharps managed properly					
<b>Additional Lab Specific Items</b>					
Lab has performed self-inspections					
<b>GENERAL COMMENTS &amp; OVERALL RECOMMENDATIONS</b>					
Follow-up inspection requested/required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	Initials: _____	
<b>ACKNOWLEDGEMENT OF REVIEW &amp; RECOMMENDATIONS</b>					
Signature of Responsible Party				Date	
Signature of inspector				Date	
Signature of Chair				Date	