

Laboratory Inspection

Group: _____ Room: _____ Date: _____

Inspected by: _____

Group Safety Representative: _____

University Safety & Assurances Rep.: _____

Instructions

Check "N/A" when potential hazards or referenced safety standards do not exist. Write in the Corrective Action Needed to be performed by the lab if a potential hazard or non-compliance with a referenced safety standard exists.

General

	<u>N/A</u>	<u>Corrective Action Needed</u>
1. Exits unobstructed? Aisles unobstructed?	<input type="checkbox"/>	_____
2. Floors free of slip, trip, fall hazards?	<input type="checkbox"/>	_____
3. Spill control kits properly stored, identified, & accessible?	<input type="checkbox"/>	_____
4. MSDSs available for lab chemicals? Or, web site book marked?	<input type="checkbox"/>	_____
5. Chemical Inventory up-to-date? Chemicals dated upon receipt?	<input type="checkbox"/>	_____
6. Chem. Hygiene Plan (Haz. Chem. SOP) in lab?	<input type="checkbox"/>	_____
7. Emergency contacts listed on door up-to-date (phone no.)?	<input type="checkbox"/>	_____
8. Cardboard boxes kept to minimum?	<input type="checkbox"/>	_____
9. Emergency Action Plan up-to-date & posted?	<input type="checkbox"/>	_____
10. Flashlight/ Emergency lighting available?	<input type="checkbox"/>	_____
11. Evidence of food or drink in lab/ refrigerator/ freezer?	<input type="checkbox"/>	_____

Equipment

12. Personal protective equipment clean & properly stored?	<input type="checkbox"/>	_____
13. Safety glasses worn, available for visitors? Face shield/ goggles?	<input type="checkbox"/>	_____
14. Occupants wearing appropriate attire/ closed-toed shoes?	<input type="checkbox"/>	_____
15. Safety shields in place/ available for operations?	<input type="checkbox"/>	_____
16. Trap used with Rotovaps?	<input type="checkbox"/>	_____
Corrosive gases trapped/ scrubbed before discharge?	<input type="checkbox"/>	_____
17. Are hoses attached to water sources clamped properly?	<input type="checkbox"/>	_____
Are shutoff controls used for overnight operations?	<input type="checkbox"/>	_____
18. Exhaust ventilation operable? Slots blocked? Sashes low?	<input type="checkbox"/>	_____
Secondary containment? Tested annually? Chemical storage?	<input type="checkbox"/>	_____
19. Variacs/ Power strips mounted outside hood?	<input type="checkbox"/>	_____
20. Vacuum pump exhaust vented to exhaust system? Guards?	<input type="checkbox"/>	_____
21. Hoses/ tubing in good condition/ properly installed?	<input type="checkbox"/>	_____

Fire Prevention

- | | <u>NA</u> | <u>Corrective Action Needed</u> |
|--|--------------------------|---------------------------------|
| 22. Fire extinguisher- Inspected monthly? On brackets? Unobstructed? | <input type="checkbox"/> | _____ |
| 23. Storage of flammables within approved cabinet?
Max. Allowable Quantity out of cabinet?
Sprinkler = 10 gal./100 ft ² No Sprinkler = 2 gal./100 ft ² | <input type="checkbox"/> | _____ |
| 24. NFPA 704 Posting Blue ____ Red ____ Yellow ____ Other ____ | <input type="checkbox"/> | _____ |

Material Handling & Storage

- | | | |
|---|--|----------------------------------|
| 25. Chemicals not stored on the lab floor? | <input type="checkbox"/> | _____ |
| 26. Containers covered/ closed, labeled with identity/ key posted? | <input type="checkbox"/> | _____ |
| 27. Secondary containment used? Labeled? | <input type="checkbox"/> | _____ |
| 28. Only compatible materials stored together? | <input type="checkbox"/> | _____ |
| 29. Compressed gas cylinders capped if not in use? Secured? | <input type="checkbox"/> | _____ |
| 30. Are gas cylinders segregated by hazard? Qty. flammable/ O ₂ ? | <input type="checkbox"/> | _____ |
| 31. Corrosive liquids below eye level? All liquids? | <input type="checkbox"/> | _____ |
| 32. Waste containers properly located and in spill trays?
"Hazardous waste" label on carboy?
Stored only with compatible materials?
Are "Chemical Inventory Analysis for Waste Solvents
in Carboys" sheets properly filled out? | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> | _____

_____ |
| 33. Peroxide forming materials are dated when received and tested according to the safety manual rules? | <input type="checkbox"/> | _____ |
| 34. If HF, Calcium gluconate gel available? SOP documented? | <input type="checkbox"/> | _____ |
| 35. DEA, Radioactive, Biohazardous, or Nanomaterials? | <input type="checkbox"/> | _____ |
| 36. DOT Shipping of Hazardous Materials? Samples? | <input type="checkbox"/> | _____ |
| 37. Nitric Acid Quantity? New DHS chemicals? | <input type="checkbox"/> | _____ |
| 38. Mercury and mercury devices? Sec. cont.? Labeled? | <input type="checkbox"/> | _____ |

Electrical Services/ Systems

- | | | |
|--|--------------------------|-------|
| 39. Electrical control panels/ switches unobstructed? Labeled? | <input type="checkbox"/> | _____ |
| 40. Electrical plugs in good condition and grounded? | <input type="checkbox"/> | _____ |
| 41. No extension cords improperly used? No power taps? | <input type="checkbox"/> | _____ |
| 42. No improper power strips, not daisy chained? | <input type="checkbox"/> | _____ |

Cold Storage - Refrigerators/ freezers/ cold rooms

- | | | |
|--|--------------------------|-------|
| 43. Proper chemical refrigerator? | <input type="checkbox"/> | _____ |
| 44. Refrigerator/ cold room cleaned every 6 months? Defrosted? | <input type="checkbox"/> | _____ |
| 45. No organic chemicals stored in cold room? | <input type="checkbox"/> | _____ |
| 46. Spill trays used for liquids in refrigerators/ cold rooms? | <input type="checkbox"/> | _____ |

Biohazards

- 47. Sharps - supply locked? Disposal container present?
- 48. Biosafety cabinet certification up to date?
- 49. If infectious agents: SOPs, Spill proc., Reg. Med. Waste system?
- 50. Biohazard symbol on storage?
- 51. Access restricted when using infectious agents? Room posted?
- 52. Training log present?
- 53. Hand-cleaning avail.? No food/ drink?

NA

Corrective Action Needed

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Lasers

- 54. Sign on entrance to room identifies Class and hazards?
- 55. Lighted entryway sign if CL4 available & used?
Access restricted? Panic button?
- 56. Blocking barrier at entryway & around laser table,
if beam is hazard to other operations in lab?
- 57. Facility windows protected from beam?
- 58. Beam stops/ attenuators used? Beam enclosed?
- 59. Master switch key available/ key control maintained?
- 60. Eye protection avail? Integrity? OD correct? OD # ____
- 61. Filters in line/ remote viewing if optics collect beam?

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Misc.

- 62. Strong cardboard box for disposing cleaned plastic pipettes/ tips?
- 63. Broken glass container- cardboard or plastic?
- 64. Corridor storage ok? (closed cabinets, not protruding, top clean?)
- 65. Eyewash station flushed weekly? Log up-to-date?

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Lab specific list

- 66. _____
- 67. _____
- 68. _____
- 69. _____
- 70. _____

