Laboratory Inspection Checklist

The purpose of this form is to assist in complying with the OSHA Laboratory Safety Standard. Self-inspections should be conducted by the Lab Supervisor at least one time/month and periodic formal inspections will be conducted by Environmental Health & Safety (EH&S) Department. If you have any questions or concerns regarding chemical safety in the laboratory, please contact CHO at 349-2817. This form should be kept in the laboratory where it is readily accessible.

Building:____________________Department:______________Inspector:__________
Lab Number:______________Contact:____________________Date:______________

LABORATORY INSPECTION:

___ Exits are lighted and clear of obstruction.
___ Work area is free of debris and in good condition.
___ Inventory of all chemicals is maintained and updated annually for review.
___ Food or drink present in laboratory.
___ Food items used for experiments is clearly labeled as such
___ Hand washing facilities are provided inside the lab.
___ Eye Wash Station/Safety Shower present and in order
___ Material Safety Data Sheets are readily available.
___ Labels on chemical containers are legible and firmly secured.
___ Labels identify the degree of hazard.
___ Chemicals are stored according to compatibility.
___ Corrosive chemicals are stored below eye level.
___ A flammable storage cabinet is provided for flammable liquids when required.
___ Explosion proof refrigerators are provided for cold storage of flammable liquids.
___ Gas cylinders are properly secured.
___ Extension cords are not used in place of permanent wiring.
___ UL listed/FM approved equipment is provided.
___ Electrical cords and equipment are protected against chemicals and temperature.
___ Fume hoods are not used for storage.
___ Personal Protective Equipment is provided and in use.
___ A written Standard Operating Procedure (SOP) for the lab is available for review.
___ Emergency numbers and evacuation procedures are posted in conspicuous locations in the lab.

COMMENTS:____________________________________________________________________________________________
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