

LABORATORY INSPECTION CHECKLIST

CAMPUS _____ DATE _____

BUILDING _____ ROOM _____

Instructions. Check (☒) each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

	Satisfactory	Unsatisfactory	N/A	
FLOORS				
No wet/slip, fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No flooring trip hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No cords across walkway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAFETY EQUIPMENT				
Emergency eye wash station functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye Protection in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deluge shower operable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust/mist Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate gloves in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket properly hung and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL SAFETY				
No aisles obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No overhead falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit available <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General lighting good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders/stools in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency procedures & phone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employees trained for emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE EQUIPMENT/EXITS				
Fire extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers tagged, serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits properly illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE HAZARDS				
Flammable aerosols & liquids stored & handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage areas labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No defective electrical cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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HAZARDOUS MATERIALS				
MSDS'S available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containers properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containers properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Room labeled w. "Hazard Summary"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerators/storage units labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incompatible chemicals separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMPRESSED GAS CYLINDERS				
Contents identified stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secured, chained & capped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls & tubing maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handling procedures identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Valves shut when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL				
Extension cords temporary only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent wiring installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical panel has a "36" clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical panel clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No exposed wires or frayed cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No wires exposed to chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOODS				
Ventilation rate check current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals stored in hood covered or capped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visible indication that hood is operative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust adequate to reduce re-entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)				

Inspector's Signature

Print Name