

LABORATORY SELF INSPECTION FORM

Department: _____ Building: _____ Room Number: _____

Department Safety Officer: _____ Inspector: _____

Lab Supervisor: _____ Inspection Date: _____

Chairman: _____ Re-inspection Due: _____

S=Satisfactory; U=Unsatisfactory

Item	S	U	Comment	Corrective Action Taken
1. Entrances, exits, hallways, stairways				
2. Showers/eye wash operative				
3. Personal protective equipment				
4. Fire extinguishers/inspection & location				
5. Pressurized cylinders: storage/usage label				
6. Room use identification/labeling				
7. UL Electrical equipment & cords				
8. Laboratory chemical hood operation				
9. Biological safety cabinets				
Certification				
Use				
10. Hazardous Chemicals				
Labeling				
Storage/amount/location				
Handling				

APPENDIX V (cont'd)

Laboratory Self Inspection Form

Item	S	U	Comments	Corrective Action Taken
11. Hazardous Waste Disposal				
Training certificate				
Labeling				
Storage				
Disposal				
12. Equipment and utility labeling				
13. Location of cut-off valves/circuit breakers				
14. General safety (dress, eating, smoking, etc.)				
15. Use of flame and heat				
16. Ventilation				
17. Housekeeping/drains flushed				
18. Sharps (glass, scalpel, blades, syringe, etc.)				
19. Emergency lighting				
20. Emergency plan/posted numbers				
21. Safety manuals				
22. Accidents reported/investigated				
23. Safety training: Date: _____				
Subject: _____				

Laboratory safety questions? Call Occupational Health and Safety at 257-3827, for information and referrals.