



Lab Safety Inspection Form

Principle Investigator: _____ Contact Person: _____

Building/Room: _____ Date: _____

Inspected By: _____

Training Requirements: Acceptable

Bio-Raft Training Registration Audit		<input type="checkbox"/> Concern:
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Posting Requirements: Acceptable

EHS Door sign up to date: Radiation Warning Sign? BSL1, 2, or Enhanced 2 Sign? Hazardous Chemical Sign?		<input type="checkbox"/> Concern:
Emergency Numbers posted		<input type="checkbox"/> Concern:
Compliance Calendar		<input type="checkbox"/> Concern:

Safety Equipment:

Fume hood cert < than 1 year		<input type="checkbox"/> Concern:
BSC cert < than 1 year		<input type="checkbox"/> Concern:
Clean bench not used w/ hazards		<input type="checkbox"/> Concern:
Vacuum traps labeled, disinfected, have clean filter		<input type="checkbox"/> Concern:
Eyewash access/operational/ labeled		<input type="checkbox"/> Concern:
Fire Ext. present/inspected/ posted		<input type="checkbox"/> Concern:
Spill kit available		<input type="checkbox"/> Concern:

PPE:

Lab coats, gloves, eye protection avail.		<input type="checkbox"/> Concern:
Lab coats worn in BSL2/Rab/Chem labs when working with hazards		<input type="checkbox"/> Concern:
Gloves worn with hazards		<input type="checkbox"/> Concern:
Proper attire (no shorts, sandals)		<input type="checkbox"/> Concern:

Chemical Storage:

Chemicals sealed and labeled		<input type="checkbox"/> Concern:
Chemical inventory acceptable (no old, no duplicates, volume OK)		<input type="checkbox"/> Concern:

Liquids in secondary containment, properly segregated		<input type="checkbox"/> Concern:
Peroxide forming chemicals dated/tested		<input type="checkbox"/> Concern:
Flammables stored away from ignition sources		<input type="checkbox"/> Concern:

Chemical Waste:

Hazardous Waste label affixed/completed/ legible		<input type="checkbox"/> Concern:
Waste segregated/in secondary containment/compatible		<input type="checkbox"/> Concern:
< 10 gallons in SAA		<input type="checkbox"/> Concern:
Containers sealed/clean/non-leaking		<input type="checkbox"/> Concern:

Biosafety:

IBC approval current		<input type="checkbox"/> Concern:
BSCs, centrifuges, incubators, shakers, etc. clean/maintained		<input type="checkbox"/> Concern:
Biohazardous material disposed as orange bag autoclaved waste		<input type="checkbox"/> Concern:
No biohazards in regular trash or glass waste boxes		<input type="checkbox"/> Concern:
Biohazardous waste containers emptied promptly		<input type="checkbox"/> Concern:
Needles not recapped, proper disposal in biohazard sharps container		<input type="checkbox"/> Concern:

Rad-Safety:

RAM Locked/Secure when not in use		<input type="checkbox"/> Concern:
RAM Logbooks		<input type="checkbox"/> Concern:
NHBRH 5 & Emerg. Procedures Posted		<input type="checkbox"/> Concern:
RAM Work Area Neat & Clean		<input type="checkbox"/> Concern:
RAM Waste Area Neat & Clean		<input type="checkbox"/> Concern:
RAM Appropriately Labeled		<input type="checkbox"/> Concern:

General Lab Safety:

No evidence of food/drink		<input type="checkbox"/> Concern:
Gas cylinders upright/restrained		<input type="checkbox"/> Concern:
Ergo, electrical or trip hazards		<input type="checkbox"/> Concern:
Routes of egress, fire sprinklers unobstructed (3 ft access)		<input type="checkbox"/> Concern:

No mold growth in cold room		<input type="checkbox"/> Concern:
Hand washing (soap & sink)		<input type="checkbox"/> Concern:
Work surfaces clean?		<input type="checkbox"/> Concern:
Bench paper use appropriate??		<input type="checkbox"/> Concern:
General Housekeeping		<input type="checkbox"/> Concern: