



Quarterly Lab Inspection Report

Lab Supervisor: _____ Room: _____ Date: _____
Satisfactory (S) Unsatisfactory (U) Not Applicable (NA)

**Hazardous Materials
Chemicals / Reagents**

Proper labels on all containers _____
Inventory in lab _____
Safety & compatibility stored _____
Acceptable quantity in lab _____
 And solvent/flammable cabinet _____
Fridge safe for solvents or sign _____
 Prohibiting solvent storage _____
Chemical transport or handling _____
Equipment available _____

Compressed & Liquefied Gases

Proper labels _____
Cylinders secured _____
Protective caps used _____
Regulators appropriate _____

Waste / Surplus Chemical Disposal

Identified _____
Containers adequate _____
Properly segregated _____
 (halogenated / non-halogenated)

Syringes & Sharps

Sharps containers available _____
Identified _____
Decontamination Procedures _____

Biohazard Materials

Identified _____
Containment level posted _____
Laminar flow cabinets _____
Waste containers available _____
Decontamination procedures _____

Radioactive Materials

Identified _____
Inventory up-to-date _____
Weekly contamination monitoring _____
Waste containment _____

Lab Conditions

Lab Benches

Clean _____
Good Condition _____
Services Identified _____

Fume Hoods

Clean and Unobstructed _____
Proper use known by users _____
Airflow alarm tested _____

Floors, Aisles & Exits

Dry _____
Aisles, doorways, emergency exits Unobstructed _____

Sinks and Drains

Clean _____
Water run to all drains regularly _____
Soap available _____
Paper Towels Available _____
Signs prohibiting chemical disposal _____

Electrical Apparatus

Wiring & cords in good condition _____
Equipment pulleys guarded _____
Equipment properly grounded _____

General Storage

Stored items easily accessible _____
Reasonable quantities of non-Hazardous materials _____

Emergency Preparedness

Spill Control

Bucket / gloves / bags available _____
Absorbent available _____
Neutralizing agent available: _____
 Oxidizers _____
 Flammable solvents _____
 Water-reactives _____
 Air-reactives _____



Safety Awareness & Information

Material Safety Data sheets available _____
 Special procedure documented _____
 Unattended experiments identified _____
 Signs appropriate (lasers, storage, etc) _____

Personal Protective Equipment

Eye and Face protection

Available and worn _____
 Good condition _____
 Suitable for hazard present _____

Gloves, Lab Coats and Footwear

Available _____
 Good Condition _____
 Suitable for hazard present _____
 Proper footwear worn _____

Emergency Procedures

Emergency 82222 posted _____
 Fire alarm pull-station accessible _____
 First aid kit available and stocked _____
 Evacuation plan _____
 Qualified first aider's posted _____

Emergency Showers

Location known and identified _____
 Accessible _____
 Tested recently _____

Eyewash Stations

Accessible and identified _____
 Good condition and tested _____

Fire Extinguishers

Seal intact _____
 Use instructions reviewed _____
 Appropriately located _____
 Tested recently _____

General Lab Practices

No food in lab, etc. _____

Any safety item deemed unsatisfactory will be dealt with by the safety co-ordinator within 30 days.

Any building maintenance items such as power loss or mechanical problems requiring immediate attention contact Facilities and Services at 83000.

Maintenance items & General Comments

Inspected By: _____