**Laboratory Safety Survey Checklist**

Date: Click or tap to enter a date. Inspector: Choose an item.

Bldg/Room: PI:

**General Safety**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Standard** | **Y** | **No, corrected onsite** | **No, assigned to PI** | **No, assigned to EH&S** | **No, assigned to facilities** |
| 1. Good Housekeeping |  |  |  |  |  |
| 1. No Food or Drink in Lab |  |  |  |  |  |
| 1. Safety Signage at Lab Entrance |  |  |  |  |  |
| 1. Safety Shower/Eye Wash Clearance |  |  |  |  |  |
| 1. Safety Shower/Eye Wash Tested Annually |  |  |  |  |  |
| 1. No Fabric Chairs in Lab |  |  |  |  |  |
| 1. Fire Extinguisher Compliant |  |  |  |  |  |
| 1. 18” clearance from fire suppression fixtures |  |  |  |  |  |
| 1. Appropriate PPE Available |  |  |  |  |  |
| 1. Lab Personnel Wearing PPE |  |  |  |  |  |
| 1. Lab Personnel Wearing Appropriate Attire |  |  |  |  |  |
| 1. Lab Personnel Wearing HSC Badges |  |  |  |  |  |
| 1. Compresses Cylinders Secure |  |  |  |  |  |
| 1. Equipment to Promote Proper Hygiene |  |  |  |  |  |
| 1. Ceilings/Floors/Walls Intact |  |  |  |  |  |
| **Standard** | **Y** | **No, corrected onsite** | **No, assigned to PI** | **No, assigned to EH&S** | **No, assigned to facilities** |
| 1. Plumbing Fixtures Functional |  |  |  |  |  |
| 1. Adequate Lighting |  |  |  |  |  |
| 1. Electrical Panels Unobstructed |  |  |  |  |  |
| 1. Appropriate Power Strip/Extension Cord Usage |  |  |  |  |  |
| 1. Emergency Shutoff Devices Unobstructed |  |  |  |  |  |
| 1. Door Swings in Direction of Egress |  |  |  |  |  |
| 1. Egress Pathways |  |  |  |  |  |
| 1. Main Doors Closed |  |  |  |  |  |
| 1. Room Air Balancing Correct |  |  |  |  |  |

**Chemical Safety**

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| **Standard** | **Y** | **No, corrected onsite** | **No, assigned to PI** | **No, assigned to EH&S** | **No, assigned to facilities** |
| 1. Hazardous Chemical Inventory Current |  |  |  |  |  |
| 1. Hazardous Chemical Inventory Posted at Door |  |  |  |  |  |
| 1. Chemicals Properly Labeled |  |  |  |  |  |
| 1. Peroxide-Forming Chemicals Managed |  |  |  |  |  |
| 1. Flammables in Flammable Cabinet |  |  |  |  |  |
| 1. Proper Segregation of Oxidizers |  |  |  |  |  |
| 1. Proper Segregation of Corrosives |  |  |  |  |  |
| 1. Proper Segregation of Nitric & Perchloric Acid |  |  |  |  |  |
| 1. Hazardous Waste Containment |  |  |  |  |  |
| **Standard** | **Y** | **No, corrected onsite** | **No, assigned to PI** | **No, assigned to EH&S** | **No, assigned to facilities** |
| 1. Proper Reuse of Chemical Containers for Hazardous Waste |  |  |  |  |  |
| 1. Hazardous Waste Containers Capped |  |  |  |  |  |
| 1. Glass Waste Box Properly Managed |  |  |  |  |  |
| 1. Chemical Spill Kit |  |  |  |  |  |
| 1. Chemical Fume Hood Free of Excess Storage |  |  |  |  |  |
| 1. Chemical Fume Hood Annual Verification |  |  |  |  |  |
| 1. Hazardous Chemicals Stored in Cold Room |  |  |  |  |  |

**Biological Safety**

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| **Standard** | **Y** | **No, corrected onsite** | **No, assigned to PI** | **No, assigned to EH&S** | **No, assigned to facilities** |
| 1. Biosafety Cabinet (BSC) Certification |  |  |  |  |  |
| 1. Biosafety Cabinet (BSC) Maintained |  |  |  |  |  |
| 1. Biosafety Level 2 Lab Door Sign (Tissue Culture Room) |  |  |  |  |  |
| 1. Biosafety Level 2 Lab Doors Closed (Tissue Culture Room) |  |  |  |  |  |
| 1. Medical Waste Managed Properly |  |  |  |  |  |
| 1. Autoclave Waste Managed Properly |  |  |  |  |  |
| 1. Sharps Properly Managed |  |  |  |  |  |
| 1. Aspiration Flasks in Secondary Containment |  |  |  |  |  |
| 1. Aspiration Flasks/Tubing Properly Maintained |  |  |  |  |  |
| 1. Aspiration Flasks Properly Labeled |  |  |  |  |  |
| 1. House Vacuum System Protected |  |  |  |  |  |
| **Standard** | **Y** | **No, corrected onsite** | **No, assigned to PI** | **No, assigned to EH&S** | **No, assigned to facilities** |
| 1. Centrifuges Properly Maintained |  |  |  |  |  |
| 1. Incubators Properly Maintained |  |  |  |  |  |
| 1. Proper Surface and Equipment Disinfectants Available |  |  |  |  |  |
| 1. Biological Spill Materials |  |  |  |  |  |
| 1. Active Water Bath Maintained |  |  |  |  |  |
| 1. Inactive Water Bath Maintained |  |  |  |  |  |
| 1. Mold Present in Environmental Room |  |  |  |  |  |
| 1. Shaking Incubator Flask Holders/Clamps Maintained |  |  |  |  |  |
| 1. Cardboard/Styrofoam In Environmental Room |  |  |  |  |  |
| 1. Appropriate Equipment Labeled with Biohazard Stickers |  |  |  |  |  |

**Comments:**