**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:**