

Safety Inspection Check List
For biweekly inspection of research labs

(Name): PI _____ LSR _____
Building: _____ Lab #: _____ Inspection Date: ____/____/____

1. Unobstructed access to Safety Shower and Eye Wash Station.
Comment (if any): _____
2. No hazardous materials are stored in or around sinks.
Comment (if any): _____
3. Personal Protective Equipment (Lab coats, safety glasses /goggles, proper footwear).
Comment (if any): _____
4. Cylinders are secured with chains.
Comment (if any): _____
5. # of cylinders in the lab: In-use _____ Spare _____ Empty _____
6. Exits and aisles are clear and free of obstructions.
Comment (if any): _____
7. All hazardous chemical waste is properly handled and managed
Comment (if any): _____
8. Handling more volatile, odorous or flammable chemicals inside the fume hood.
Comment (if any): _____
9. Chemicals are not stored on laboratory benches in excessive quantities.
Comment (if any): _____
10. Fume-hood face velocity at full sash opening _____ m/s between set level
below set level

Signature _____