

Safety Inspection Check List
For biweekly inspection of teaching labs

Date: _____

Lab # _____

Instructor: _____

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 foot-wear).

Comment (if any):

4. Cylinders are secured with chains.

Comment (if any):

5. Exits and aisles are clear and free of obstructions.

Comment (if any):

6. All hazardous chemical waste is properly handled and managed

Comment (if any):

Signature _____