



LABORATORY INSPECTION CHECKLIST

Date: _____ Department: _____ Name: _____ Room: _____

General Safety and Hygiene	YES	NO
Work areas are clean and free of spilled materials		
Are there odors in the lab indicating an unhealthy condition		
Food, drink, smoking observed		
Staff wearing eye protection		
Staff wearing proper PPE (gloves, coat/apron, face shields, shoes)		
Hazardous waste handled properly		
Appropriate signs (Radiation, Biohazard, Hazardous Waste)		

Compressed Gas Cylinder	YES	NO
Gas cylinders properly secured		
Cylinder capped when not in use		
Fuel gases segregated from oxygen (>20 feet)		

Work Surfaces	YES	NO
Chemicals at least 6 inches from edges		
Chemicals with lids		

Training	YES	NO
Is there a Chemical Hygiene plan in the area		
Emergency reporting procedure and notification has been explained		
SDS information for relevant chemicals is available		

Emergency Equipment and Procedures	YES	NO
Are safety showers present and unobstructed		
Are eyewash stations present and unobstructed		

Chemical Storage	YES	NO
Incompatible Chemicals stored properly		
Containers are labeled legible with proper dates (Received & Opened)		
Flammables stored in fire cabinets		
Chemicals past 1-year expiration date are removed		

Signature: _____