

GOUCHER COLLEGE LABORATORY SAFETY INSPECTION CHECKLIST

Department _____ Bldg. _____ Room _____

Inspector(s) _____ Date _____

	Compliance Item	Comments/ Corrected?
Check box on the left below if item is inspected and is satisfactory. Indicate deficiencies in column to the right.		
Door Signage		
<input type="checkbox"/>	Warning labels missing (list)	
<input type="checkbox"/>	Emergency contact information missing	
Improper Handling/Storage		
<input type="checkbox"/>	Improperly labeled or unlabeled materials (list)	
<input type="checkbox"/>	Incompatible chemicals stored together _____ Flammable/corrosive	
<input type="checkbox"/>	_____ Organics/oxidizers	
<input type="checkbox"/>	_____ Acids/Bases not segregated	
<input type="checkbox"/>	Flammable material in non-approved: _____ Cabinet _____ Refrigerator _____ Cold room	
<input type="checkbox"/>	Flammable Solvents outside Flammable cabinet: _____ >10 gal total _____ >1 gal container	
<input type="checkbox"/>	Undated or outdated chemicals (list)	
<input type="checkbox"/>	Unsecured Gas Cylinders	
Waste Handling		
<input type="checkbox"/>	Not properly segregated or stored	
<input type="checkbox"/>	Waste container not labeled appropriately	
<input type="checkbox"/>	Unapproved or inappropriate container: _____ Sharps _____ Biological _____ Chemical	
Safety/Emergency Equipment		
<input type="checkbox"/>	Biological Safety Cabinet Serial # _____ Certification not current	
<input type="checkbox"/>	Clean Air Bench Serial # _____ Certification not current	
<input type="checkbox"/>	Chemical Fume Hood Serial # _____ Certification not current	
<input type="checkbox"/>	Personal Protective Equip not being used (specify)	
<input type="checkbox"/>	Egress not identified or blocked	
<input type="checkbox"/>	Fire Alarms blocked/broken	
<input type="checkbox"/>	First Aid Kit _____ Missing _____ Not stocked (list) _____	
<input type="checkbox"/>	Fire extinguisher _____ Blocked _____ Missing _____ Not Maintained (no/outdated insp.tag)	
<input type="checkbox"/>	Safety Shower _____ Blocked _____ Inspection due _____ Not Maintained	
<input type="checkbox"/>	Eyewash _____ Blocked _____ Inspection due _____ Improper water pressure	
Other/General Housekeeping		
<input type="checkbox"/>	Housekeeping not maintained _____ Spills _____ Clutter _____ Chemical odors present	
<input type="checkbox"/>	Hazard signage missing	
<input type="checkbox"/>	Improper attire (specify)	
<input type="checkbox"/>	Evidence of food or drink in lab (specify)	
<input type="checkbox"/>	Electrical devices _____ Unapproved equip _____ Frayed wire _____ Missing ground prong	
<input type="checkbox"/>	Vacuum line filter absent	
<input type="checkbox"/>	Hand washing supplies _____ Towels _____ Soap _____ Missing _____ Contaminated	
Additional Comments:		
<input type="checkbox"/>		

Distribution: Dept. Head Laboratory Supervisor Director of FMS Legal Counsel _____ (Date)

Corrections made (redistribute checklist showing items completed):

Distribution: Dept. Head Laboratory Supervisor Director of FMS Legal Counsel _____ (Date)