

# GOUCHER COLLEGE LABORATORY SAFETY INSPECTION CHECKLIST

Department \_\_\_\_\_ Bldg. \_\_\_\_\_ Room \_\_\_\_\_

Inspector(s) \_\_\_\_\_ Date \_\_\_\_\_

	Compliance Item	Comments/Corrected?
<b>Check box on the left below if item is inspected and is satisfactory. Indicate deficiencies in column to the right.</b>		
<b>Door Signage</b>		
<input type="checkbox"/>	Warning labels missing (list)	
<input type="checkbox"/>	Emergency contact information missing	
<b>Improper Handling/Storage</b>		
<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	Undated or outdated chemicals (list)	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	
<b>Waste Handling</b>		
<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	
<b>Safety/Emergency Equipment</b>		
<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	Fire extinguisher _____ Blocked _____ Missing _____ Not Maintained (no/outdated insp.tag)	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	
<b>Other/General Housekeeping</b>		
<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	
<b>Additional Comments:</b>		
<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)