Laboratory Inspection Checklist (Rev.2/22/01)

Supervisor: ___________________________ phone: ___________________________
Room #: ___________________________ phone: ___________________________
Date: ___________________________ contact: ___________________________

Emergency Call Numbers and procedures posted? ............... Y/N
Safety Course completed by workers? list ratio Y/total #
Safety Manual in lab?................................. Y/N
MSDS's available in lab, Dept or by Web?.................... Y/N
Fire Extinguisher/Safety Equip., works/date OK? .......... Y/N
No food or drink allowed in lab?............................ Y/N
Current chemical inventory?............................. Y/N
Chemicals/stock solutions legibly labeled?................. Y/N
Hazardous waste properly contained and labeled?........ Y/N
Chemicals/waste stored according to compatibility group?... Y/N
Shelves used for chemical storage have a door, bar or lip? Y/N
Less than 10 Gallons flammable liquid outside cabinet?..... Y/N
Correct Cylinder use and storage?......................... Y/N
Tripping Hazards Eliminated............................. Y/N

List of employees/students: Total Score
13+ # employees Possible __________

Remarks: ____________________________________________________________

Summary of Research Activities _________________________________________