



Laboratory Safety Self- Inspection Checklist

Inspector's Name: _____ Date: _____

Laboratory Name: _____ Room(s): _____

Hazard Identification							
Please check all hazards that apply to your lab							
Compressed Gas		Oxidizers		Corrosive Chemicals		Laser	
Flammable Chemicals		Reactive Chemicals		Biohazard		X-Ray	
Toxic Chemicals		Poisonous Chemicals		Radiation		Liquid Nitrogen	

No.	General Laboratory Work Practices Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Signs on laboratory doors (Caution Placards) and storage areas are consistent with the hazards				
2	Access to lab is restricted to authorized lab personnel and students only				
3	No evidence of food or drinks being consumed or stored in the lab				
4	Laboratory surfaces are clean and tidy				

No.	Personal Protective Equipment (PPE) Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Lab coats and safety glasses are worn in the laboratory.				
2	Is proper Personal Protective Equipment (PPE) readily available for all personnel, including visitors, and worn when working in the lab?				
3	Additional adequate PPE available for the hazards in your lab (includes masks and hearing, foot and head protection)				
4	Closed toe shoes worn				
5	Respirators are provided when necessary, and users are trained and fit tested				



No.	Chemical Hazard Control & Storage Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Incompatible materials are separated (acid, bases, flammable, oxidizers etc.)				
2	all chemical containers are labeled with identity and appropriate hazard warnings				
3	Chemical containers are in good condition				
4	No storage of glass chemical containers on floor				
5	Unused or outdated materials are removed from laboratories and chemical storage areas				

No.	Flammable Liquid Storage & Handling Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Flammable liquids are stored away from heat or other ignition sources				
2	Flammable liquids not in use are stored in approved flammable solvent cabinets				
3	Explosion safe or explosion proof refrigerators used for volatile and flammable liquids				

No.	Compressed Gas Cylinders Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Gas cylinders are properly chained / secured				
2	Cylinder caps are in place when the cylinders are not in use or being moved				
3	Gas cylinders are stored away from excessive heat or ignition sources				
4	Gas cylinders are properly labeled as to their content				
5	Empty gas cylinders are labeled "EMPTY"				
6	Hoses, tubing and regulators are in good working condition				



No.	Waste Handling: Hazardous, Non-Hazardous & Biological Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Waste material is not allowed to accumulate on the floors, in corners or under shelves/tables in laboratories				
2	Containers of hazardous waste are labeled properly (date and lab number) and have closed lid				
3	Biological or Radioactive Wastes are appropriately marked				
4	No evidence of liquid waste disposal in sinks or the sewer				
5	Syringes and other sharp wastes are disposed of into a sharps container				
6	Broken glass containers are in use for disposal of broken glass				

No.	Tools, Machinery & Equipment Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Tools and equipment are in safe working condition				
2	Standard operation procedures (SOPs) are available for all equipment in the lab				
3	Regular maintenance provided for all equipment				
4	Electrical cords are in good condition (no frayed wires or broken insulation)				

No.	Doors & Emergency Exits Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Exits are clearly marked and free from obstruction				
2	All fire doors are self-closing and are kept closed				
3	Doors and windows operate, close and lock properly				



No.	Safety Equipment Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Fume hoods are available and have an inspection label (performance tested within past 12 months)				
2	Fume hoods are not being used for storage				
3	Safety showers and eye wash stations are available in all laboratories.				
4	All showers and eye wash stations are clean and free of obstruction				
5	Safety showers and eye wash stations are tested and documented				

No.	Emergency Response / Safety Procedures Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Fire extinguishers are the appropriate type for the hazard in the work area				
2	Fire extinguishers are unobstructed				
3	Fire extinguishers are regularly inspected				
4	Laboratory personnel are aware of the nearest:				
	First aid kit/First aid station				
	Fire extinguisher				
	Evacuation route				
5	Laboratory personnel are familiar with:				
	Standard Operating Procedures (SOPS) for all equipment in lab				
	Working alone procedures				
	Spill response plan				
	Accident reporting procedures				
	Emergency phone numbers				
	Lab specific emergency procedures (eg. audibility of fire alarm, equipment shut off procedures)				



No.	Training Applicable Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes	No	N/A	Comments
1	Training is completed and available for all members of the lab (eg: Lab Safety class, Hazardous Waste Management class)				
2	General training conducted for equipment / techniques unique to the laboratory (eg: drill press)				
3	Lab safety training for end users completed by all students working in the lab				
4	Compressed gas cylinder training completed (where applicable)				
5	Laser safety training completed (where applicable)				
6	X-Ray safety training completed (where applicable)				

Additional Comments:

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Inspector's Name

Signature

Date

By signing this inspection form, I verify that corrective actions will be completed.