



**Departmental Safety Inspection Form**

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

Bldg and rm#: \_\_\_\_\_ Department: \_\_\_\_\_

<b>A. PERTINENT TRAINING</b>			
1	Has the department identified all pertinent training for their personnel?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
2	Are the training records up-to-date?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
3	Is the Chemical Hygiene Plan available and do personnel know where to find it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
4	Have all personnel been trained in the Chemical Hygiene Plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
5	Have all personnel received specific laboratory safety training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
6	Is there a "Right-To-Know" bulletin posted in the department?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
<b>B. SIGNS AND INFORMATION</b>			
1	Are special hazard signs in place (i.e. laser, cryogenic hazards, biohazards)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
2	Are lab doors labeled and information up-to-date?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
3	Are the emergency phone numbers posted on the laboratory door?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
4	Do all personnel know how to obtain MSDS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
<b>C. STANDARD OPERATING PROCEDURES</b>			
1	Are standard operating procedures established and available for hazardous	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
<b>D. EMERGENCY EQUIPMENT</b>			
<b>Fire Extinguishers:</b>			
1	Are extinguishers in designated locations and are these locations labeled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
2	Are extinguishers accessible and free from obstructions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
<b>Safety Showers and Eyewashes:</b>			
1	Are showers/eyewashes labeled, accessible, and free from obstruction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
<b>E. PROTECTIVE EQUIPMENT</b>			
<b>Personal Equipment:</b>			
1	Are safety glasses with side shields worn as required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
2	Are substantial shoes worn with no sandals or open toes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
3	Is protective clothing worn while working at benches?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
4	Are gloves selected and worn according to hazard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
5	Disposable gloves are not reused?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
6	Are chemical splash goggles/face shields worn when appropriate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
<b>Other Equipment:</b>			
1	Is proper protective equipment in place (shields, guards, warning signs, etc)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
2	Is secondary containment used for Hg use and storage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
<b>General Housekeeping:</b>			
1	Are aisles and exits free from obstructions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
2	Are benches/shelves not overloaded with unused equipment/chemicals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
3	Are no combustibles stored within three feet of the ceiling?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
4	Is no damaged glassware in use (i.e. broken or chipped)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
5	Is lab apparatus properly assembled and use in a safe manner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
6	Is the lab free of food and beverages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
<b>F. COMPRESSED GAS</b>			
1	Are cylinders properly secured in an upright position?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
2	Are stored cylinders tightly capped and kept to a minimum?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
3	Are flammable materials stored a minimum of 20ft from oxygen cylinders?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
4	Are regulators, connections, and tubing in good condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
<b>G. ELECTRICAL EQUIPMENT</b>			
<b>Refrigerators and Freezers:</b>			
1	Are only flammable storage" refrigerators/freezers used to store flammables?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
2	Are refrigerators/freezers which are not rated as "flammable storage" clearly labeled "NO FLAMMABLES ALLOWED"?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
3	Are refrigerators labeled "CHEMICAL USE ONLY" or "FOOD USE ONLY" and used accordingly?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
4	Is the interior sound and free of chemical spills or contamination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
5	Are containers stored within stoppered or tightly closed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA
<b>General Equipment:</b>			
1	Is electrical apparatus equipped with ground plugs or properly grounded?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NA

2	Are extension cords in good condition and free of any splices?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
3	Are extension cords for temporary use only and not overloaded?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
4	Are electrical panels free from obstruction?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
5	Are appliances properly grounded?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
<b>HAZARDOUS SUBSTANCES</b>				
<b>Chemical Storage:</b>				
1	Has chemical inventory been updated annually?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
2	Are chemical containers labeled, capped, and in good condition?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
3	Is the storage of chemicals on, above, or next to a desk avoided?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
4	Are all chemicals stored below "eye level"?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
5	Are chemicals segregated by hazard (organics away from oxidizers, flammables away from acids)?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
6	Is the flammable/combustible liquid total less than 10 gallons outside an NFPA approved flammables cabinet?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
7	Are flammables/combustibles kept away from heat, ignition, flames, etc?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
8	Are peroxide forming reagents dated when opened?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
9	Are peroxide forming reagents disposed of or tested after the expiration date?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
10	Is chemical storage kept to a minimum?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
<b>Solvent Storage:</b>				
1	Is excess solvent stored in approved safety cans or solvent storage cabinets and not placed high on shelving?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
2	Are safety cans/wash bottles properly labeled?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
3	Are Bunsen burners not used in chemical hoods?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
<b>Infectious/Chemical Waste:</b>				
1	Are waste containers labeled and chemical compositions identified?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
2	Is waste stored in secondary containment?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
3	Is a chemical spill kit available?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
4	Are hazardous wastes container lids closed securely?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
5	Are sharps and broken glass waste in a labeled, puncture-proof container?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
6	Are hazardous wastes not stored beyond 365 day limit?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
7	Has the self audit been conducted annually?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
<b>Laboratory Hoods/Local Exhaust</b>				
1	Do hood sashes open/close properly and is glass intact?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
2	Is hood free of excess chemical storage/equipment?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
3	Are hood sashes down (panels closed) when not accessing?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
<b>Other Equipment</b>				
1	Are vacuum pump belt guards in place?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
2	Are glass Dewar's wrapped or shielded?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
3	Are protective shatterproof shields in place when vacuum equip. is used?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
4	Are glass desiccators under vacuum stored in metal guards or shielded?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA