

Laboratory Self-Audit Checklist

Building Name: _____ Date of Survey: _____

Lab Room No _____ Dept.: _____ Surveyed by: _____

Check the boxes that are acceptable, and provide comments on corrections to be made.

OK?	Item	OK?	Item
	1. Lab Signs		5. Safety Equipment
	a. Primary and secondary contacts posted with phone #'s		a. Fire extinguisher available within 75'
	b. Warning and restriction (if needed)		1. Unobstructed, mounted, top is 40" high
	c. Emergency phone numbers posted in labs		2. Extinguisher insp., sealed charged
	d. Emergency action plan/SOPs- available and current		3. Approved for hazard (A, B, C or D)
			b. Safety shower within 55 ft/10 sec.
	2. Personal Protective Equipment		1. Unobstructed
	a. PPE (eyeware, gloves, smock) available in lab		2. Activated, Inspected and maintained monthly
	b. Proper eye protection use		c. Eyewash within 55ft 10 sec.
	c. Visitor glass available (readily)		1. Unobstructed, mounted, 40" at top
	d. Proper gloves (chem, cryogenic, heat, etc.)		2. Activated, inspected and maintained monthly
	e. No shorts/skirts/open-toes		d. First aid kit available and marked
	f. Rubber apron available (for cone. acid/base use).		1. Stocked, up-to-date
			e. Exit signs and ER lights work (need?)
	3. General Hazards		
	a. Walkways and doors unobstructed		6. Spill Procedure
	b. Adequate lighting, and switches		a. Spill kits available (right size, type)
	c. Excess trash, boxes, combustibles removed promptly		b. Spill procedures established
	d. No eating, drinking, smoking food storage in lab		
	e. Sharps containers in-tact, no sharps exposed		7. Electrical
			a. Proper power cord use (no trip hazard)
	4. Gas Cylinders		1. Cords temp, no daisy chains
	a. Properly secured		2. Power strips for computer only
	b. Has empty or full labels		3. No cords through walls, floors
	c. Contents labeled		b. No frayed cords, missing insulation
	d. Caps on unused cylinders		c. 3 prong plugs not altered
			d. GFCI near sinks, in wet areas
			e. Electrical panels unobstructed

'OK?	Item	OK?	Item
	8. Refrigerator/Freezers		11. waste Chemicals
	a. "No Food or Drink" signs on lab units		a. Waste label complete, on container
	b. Food/drink not stored in unit		b. Containers closed (secondary need)
	c. Flammables in approved flammable refig.?		
			12. Unstables/Explosives
	9. Chemical Storage		a. Mark with receipt and open dates?
	a. Chemicals stored by haz class (flam, etc.)		b. Peroxide formers have required disposal date?
	b. Incompatible chemicals physically separated.		
	c. Chemicals properly labeled		13. Ventilation, Hoods
	1. Secondary with HMIS, other?		a. Exhaust hood and alarm (if approp.) working
	2. Storage area labeled (Haz/NFPA Placard)		1. Annual inspect. sticker (85-125 for hoods)
	d. Special labels for Particularly Haz, bio, rad		2. Sash kept to mark (mark in place).
	e. Acid/Corrosive/Solvents in secondary?		b. Cert biosafety hood in use for BSL2 (as needed)
	f. Secondary containment compatible?		c. Hood housekeeping, no extra storage in hood
	g. No excess chemicals on bench, in hoods		
	under sinks?		14. Mechanical
	h. Flammable and/or Corrosive Cabinets		a. Belts, pulley drives, rotating parts guarded
	available (if needed)?		b. Stop switch easily available
			c. Equipment is secured
	10. Training		d. Electrical disconnect unobstructed
	a. HazCom training - documented		e. Unattended, operating equip. labeled
	b. Lab hygiene Training		
	1. Chem Hygiene Plan available		15. Chemical Inventory
	2. Dept Chem Hygiene Officer designated		a. Annual inventory up-to-date in ERM
	c. Annual Bloodborne Pathogen (as appropriate)		b. SDS readily available for all chemicals (10 min)
	1. Exposure plan up-to-date		
	d. Haz Waste Training (if regular waste streams)		
	e. Rad, Laser, & other training, if appropriate		

Comments: