UHCL LABORATORY INSPECTION CHECKLIST

DATE:

BLDG/ROOM:

Inspector name(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GENERAL** | **YES** | **NO** | | **COMMENTS** |
| 1. Laboratory work and storage areas are clean, orderly, and uncluttered? |  |  | |  |
| 1. Emergency notification procedures, contacts, and phone numbers are posted? |  |  | |  |
| 1. First aid kit is readily accessible and adequately stocked? |  |  | |  |
| 1. Aisles have minimum 24 inches clearance without obstructions? |  |  | |  |
| 1. Fire extinguisher(s) are readily accessible and location(s) known? |  |  | |  |
| 1. Is fire extinguisher inspection current? |  |  | |  |
| 1. Signage: No Eating/No food and drink in Lab, Safety Shower, Eye Wash, First Aid Kit, Fire Extinguisher signage present? |  |  | |  |
| 1. Laboratory entry door closed and locked when unattended? |  |  | |  |
| 1. Safety guards are in place for equipment with moving parts (belts, fans, saw blades)? |  |  | |  |
| 1. No trip hazards (cords, equipment, etc…) and multi-outlet connectors (power strips) are secured? |  |  | |  |
| 1. Floors clean and dry? |  |  | |  |
| 1. Extension cords used for temporary use, and power strips and extension cords are not “daisy chained”? |  |  | |  |
| 1. Equipment cord insulation is intact, not cracked or frayed? |  |  | |  |
| 1. Equipment is properly maintained and in good repair? |  |  | |  |
| 1. Sinks functioning appropriately (ie., adequate water flow, sturdy plumbing, no leaks)? |  |  | |  |
| 1. Entrances, exits, work areas & aisles clear & unobstructed? |  |  | |  |
| 1. Step stool or ladder available to reach high places |  |  | |  |
| 1. Proper illumination in work area |  |  | |  |
| 1. Trash containers specifically designated for glass, syringes, paper or other trash as applicable are available? |  |  | |  |
| **STORAGE & LABELING** | | | | |
| 1. All chemical storage containers are in good condition, do not show signs of deterioration, and are appropriate for the material? |  |  | |  |
| 1. Primary & secondary containers are clearly labeled with identity, hazard identification and expiration dates, and are properly sealed? |  |  | |  |
| 1. Liquids are stored below eye level, with no solids stored under liquids? |  |  | |  |
| 1. Food is stored properly; i.e., outside of the laboratory; not in refrigerators or cabinets that are used to store laboratory samples or chemicals? |  |  | |  |
| 1. “No Food” sign present on refrigerators, freezers, and/or microwaves |  |  | |  |
| 1. Refrigerators and storage areas are properly labeled consistent with their contents and hazards? |  |  | |  |
| 1. All processes are attended while running? |  |  | |  |
| 1. There are no chemicals stored on bench tops or in fume hoods? |  |  | |  |
| 1. Chemicals are stored in a manner that minimizes risk to maintenance and custodians? |  |  | |  |
| **WASTE** | | | | |
| 1. Outdated, unnecessary or unused chemicals sent off for appropriate trade or waste disposal? |  |  | |  |
| 1. All waste is properly identified/labeled? |  |  | |  |
| 1. Waste containers in good condition |  |  | |  |
| 1. Waste containers closed securely with lids/caps to prevent evaporation/leakage? |  |  | |  |
| 1. Incompatible wastes stored separately |  |  | |  |
| 1. Secondary containment used to store waste containers |  |  | |  |
| 1. Sharps containers (for syringes, razor blades, etc.) in good condition? |  |  | |  |
| 1. Biological waste containers or bags labeled and in good condition? |  |  | |  |
| **HAZARDOUS CHEMICALS** | | | | |
| 1. Chemicals are segregated by hazard class and chemical compatibility? |  |  | |  |
| 1. Flammable liquids in excess of 5 gallons are properly stored in flammable storage cabinets? |  |  | |  |
| 1. Flammable cabinets are in good condition? |  |  | |  |
| 1. Peroxidizable and/or shock sensitive compounds are properly stored, marked with the last date opened, and discarded within 6 months of opening? |  |  | |  |
| 1. Water and air reactive compounds are properly stored (i.e., immersed in appropriate solutions, desiccant, etc.)? |  |  | |  |
| 1. Household-type refrigerators are not used to cool flammable liquid storage areas? |  |  | |  |
| **CHEMICAL INFORMATION** | | | | |
| 1. Inventory Sheet for laboratory chemicals, waste log, and Radiation log as appropriate, are available? |  |  | |  |
| 1. Material Safety Data Sheets and other references are readily accessible in the lab or information posted on location of MSDS? |  |  | |  |
| 1. Is the current Laboratory Safety Manual available, or location(s) posted? |  |  | |  |
| 1. Is the current Bloodborne Pathogens Exposure Control Plan available, or location(s) posted? |  |  | |  |
| 1. Staff/Students taken Lab Safety/HazCom? |  |  | |  |
| **FUME HOODS** | | | | |
| 1. Have fume hoods been tested within the last 12 months? |  |  | |  |
| 1. Is sash certified at least 15 inches height? |  |  | |  |
| 1. Are fume hoods clean, uncluttered and not used for storage? |  |  | |  |
| 1. Are sashes kept closed? |  |  | |  |
| 1. Are fume hoods equipped with air flow monitors that warn users when there is insufficient airflow? |  |  | |  |
| **PERSONAL PROTECTIVE EQUIPMENT & PREPAREDNESS** | | | | |
| 1. Are all PPE (hearing protection, eye protection, gloves, lab coats, etc.) required for the lab available and in good condition? |  |  |  | |
| 1. Is proper clothing and lab coats worn in labs (no open toed shoes, shorts, baggy clothing, etc.)? |  |  |  | |
| 1. Are Respirators worn (if necessary or required), with correct usage and handling (fit, storage, current & appropriate cartridge)? |  |  |  | |
| 1. Safety shower and eyewash available within 100 feet or 10 seconds? |  |  |  | |
| 1. Has the Safety shower and eyewash been tested within the last 12 months? Is water flow adequate? |  |  |  | |
| 1. Appropriate spill kits available (chem/bio/rad) |  |  |  | |
| 1. Emergency evacuation procedure in place and known |  |  |  | |
| **BIOLOGICAL SAFETY** | | | | |
| 1. Are Biohazards handled and disposed of properly? |  |  |  | |
| 1. Has the Biological safety cabinet been certified within the last year, or immediately following relocation or service? |  |  |  | |
| 1. Biosafety cabinet uncluttered and accessible? |  |  |  | |
| 1. Biohazardous material storage is properly labeled, with any refrigerators or microwaves clearly marked not for food use? |  |  |  | |
| 1. Do Biological lab sinks have hot water? |  |  |  | |
| **CYLINDERS** | | | | |
| 1. Gas cylinders are secured in an upright position? |  |  |  | |
| 1. Content Identification Labels in place? |  |  |  | |
| 1. Operation tags (full, in use, empty) used? |  |  |  | |
| 1. Valve cover on or off? |  |  |  | |
| 1. Are Gas cylinders transported using suitable carts? |  |  |  | |

**Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Inspector Signature Date**