

# University of Houston Clear Lake

Environmental Health and Safety Department  
2700 Bay Area Boulevard, Box 362 – North Annex Office 103 Houston, Texas 77058-1002  
Phone: 281-283-2106

## General Laboratory and Chemical Safety Audit

Identification Information					
Principal Investigator:		Lab Type: <input type="checkbox"/> Research <input type="checkbox"/> Teaching			
EHS Representative:		Audit Date:			
Department:		Audit Time:			
Building Name:		Building Code:			
Lab. Representative:		Room Number:			
Items		Compliance		Completion	
Item	Signage	Yes	N/A	No	Date
1	Emergency Notification: "Procedure, Contacts, Phone Numbers" Posted on Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Signs: "No Eating, Safety Shower, Eye Wash, First Aid Kit, Fire Extinguisher" are Correctly Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Signs: "No Food" are Correctly Posted on - Refrigerators, Freezers, Microwaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item	Safe Practice & Housekeeping	Yes	N/A	No	Date
4	Laboratory Entry Doors Locked When Unattended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Laboratory Entry Doors Closed When in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Entrances / Aisles / Exits are Clear and Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Floors are Clean and Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Work Areas and Bench Tops are - Clean, Dry, Uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Work Areas and Bench Tops are - Properly Illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Step Stool / Ladder Available to Reach High Places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Electrical Cords Secured and in Proper Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Electrical Panel Easily Accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Proper Clothing and PPE Being Worn by Everyone in Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Food for Human Consumption is Outside of Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item	Emergency Preparedness	Yes	N/A	No	Date
15	First Aid Kit: Fully Stocked and Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Spill Kit: Appropriate for Lab, Fully Stocked and Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	(M)SDS: Appropriate for Lab, Fully Stocked and Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Eye Wash: Inspection Current and Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Safety Shower: Inspection Current (<1yr) and Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Fire Extinguisher(s): Inspection Current (<1yr) and Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Employees Completed Hazard Communication Training; Students Completed Laboratory Safety Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Emergency Evacuation Procedure(s) are in Place and Known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item	Fume Hoods	Yes	N/A	No	Date
23	Inspection Current (<1yr) and Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	Sash Operational Height - Properly Labeled 18"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	Clean, Dry, Uncluttered, Not Used as Chemical Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item	Cabinets	Yes	N/A	No	Date
26	Biosafety Cabinet(s): Certified and Dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Biosafety Cabinet(s): Clean, Dry, Organized, Uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	Flammable Cabinet(s): Clean, Dry, Organized, Uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	Dry Reagent Cabinet(s): Clean, Dry, Organized, Uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Flammable Chemicals >5Gal Stored in Flammable Storage Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item	Chemical Inventory & Storage	Yes	N/A	No	Date
31	Inventory Current and in Electronic Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	Chemicals Properly Labeled and in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	Chemicals Properly Stored by Classification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	Lab Refrigerator(s): Clean, Dry, Organized, Uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item	Cylinders	Yes	N/A	No	Date
35	Properly Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	Content(s) Properly Labeled and Cylinder in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	Main Valve Shut-Off When Not in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item	Satellite Accumulation / Hazardous Waste	Yes	N/A	No	Date
39	Containers Properly Labeled and Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	Containers - Clean, Dry, Good Condition, Appropriate for the Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41	Containers - Lids Closed When Not in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42	Secondary Containment Used for Liquid Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43	Sharps Container - Clean, Dry, Good Condition, Not Over Fill Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44	Biological Waste Containers / Bags - Properly Labeled, Clean, Dry, Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45	Incompatible Waste Stored Separately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Item	Corrective Actions / Completion Dates / Comments	Lab Equipment Profile			
		Type	ID	Inspection Date	

NOTE - If any Compliance item is "No", Document Corrective Action(s) & Completion Date(s).

Lab Equip.  
Key:  
BC - Biosafety Cabinet  
EW - Eye Wash  
FE - Fire Extinguisher  
FH - Fume Hood  
SS - Safety Shower