

### 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
	<b>1. Lab Signs</b>		<b>5. Safety Equipment</b>
	a. Phone #'s of primary and secondary contacts posted		a. Fire extinguisher available within 75'
	b. Warnings and restrictions posted (if needed)		1. Unobstructed, mounted, top is 40" high
	c. Emergency phone numbers posted in labs		2. Extinguisher inspected, sealed
	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.
	<b>2. Personal Protective Equipment</b>		1. Unobstructed
	a. PPE (eyeware, gloves, smocks) available in lab		2. Tested within last 3 months
	b. Proper eye protection in use		c. Eyewash within 55ft 10 sec.
	c. Visitor glass available (readily)		1. Unobstructed, mounted, 40" at top
	d. Chemical, cryogenic or heat gloves if needed		2. Checked within last month
	e. Proper dress (no shorts/skirts/open toe shoes)		d. First aid kit available, marked, stocked
	f. Rubber apron available (for conc acid/base use).		e. Exit signs and ER lights available and functional if needed
	<b>3. General Hazards</b>		
	a. Walkways and doors are unobstructed		<b>6. Spill Procedure</b>
	b. Adequate lighting and switches are present		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 intact, no sharps exposed		<b>7. Electrical</b>
			a. Proper power cord use (no trip hazard)
	<b>4. Gas Cylinders</b>		1. Cords temp, no daisy chains
	a. Cylinders properly secured		2. Power strips for computer only
	b. Empty or full labels present		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
	<b>8. Refrigerator/Freezers</b>		<b>11. Waste Chemicals</b>
	a. "No Food or Drink" signs on lab units		a. Waste labels complete on container
	b. Food/drink not stored in unit		b. Containers closed (secondary need)
	c. Flammables stored in approved flammable refrig.?		
			<b>12. Unstables/Explosives</b>
	<b>9. Chemical Storage</b>		a. Marked with receipt and open dates?
	a. Chemicals stored by hazard class (flam, etc.)		b. Peroxide formers disposed as required?
	b. Incompatible chemicals physically separated		
	c. Chemicals properly labeled		<b>13. Ventilation, Hoods</b>
	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 biohazards, radiation		2. Sash kept to mark (mark in place).
	e. Acid/Corrosive/Solvents in secondary containment		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?		
	h. Flammable and/or Corrosive Cabinets available (if needed)?		<b>14. Mechanical</b>
			a. Belts, pulley drives, rotating parts guarded
			b. Stop switch easily available
			c. Equipment is secured
	<b>10. Training</b>		d. Electrical disconnect unobstructed
	a. HazCom training- documented		e. Unattended, operating equip. labeled
	b. Lab hygiene Training		
	1, Chem Hygiene Plan available		<b>15. Chemical Inventory</b>
	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		