

LABORATORY INSPECTION CHECKLIST

Inspection					
Date:	Time:				
Building:	Room:				
Inspector					
Name:	Phone:				
Office:	Email:				

Laborato	ry Audit Criteria	Yes	No	Comments/Notes/Recommendations
Personal	Protective Equipment (PPE):			
1	Are all employees/students wearing appropriate eyewear (Visorgogs) when working with or around laboratory materials?			
1 2	Are all employees/students wearing appropriate hand protection when working with laboratory materials?			
1 3	Are all employees/students in the lab wearing appropriate foot wear (closed-toe shoes)?			
4	Are all employees/students in the lab wearing a lab coat when working with laboratory materials?			
1 5	Is all PPE enforced, provided, stored, and maintained in accordance to UNH's PPE policies?			

Biologica	Biological Hazards:					
6	Are all biologically hazardous materials secured from unauthorized use or removal?					
7	Are all biologically hazardous materials handled and stored properly in closed containers?					
8	Are sharps collected in an appropriate and closed container?					
9	Are biologically hazardous wastes managed properly (i.e. contained and decontaminated)?					
10	Are laboratory bench tops and surfaces decontaminated at the end of the work day or immediately after any spill?					

Safety Equipment:						
11	Are first aid kits present, fully stocked and free from obstruction?					
12	Are eye washes (EW) and safety showers (SS) present and free from obstruction?					
13	Are fire extinguishers (FE) present and free from obstruction?					
1/1	Are electronic inspection records complete and up-to-date? (If necessary, contact the Facilities Dept. for testing records.)					

15	Do all employees/students know the location of all fire extinguishers within the work area?		
1 16	Are chemical fume hood and biosafety cabinet annual inspections up-to-date? Are all units functioning properly?		
1 17	Are signs for safety equipment and hazards visible, legible, understandable and in compliance with regulations?		
1 1 2	Are signs for safety rules, emergency numbers, routes, and evacuation plans posted and understandable?		
19	Are "NO SMOKING" and "NO EATING" signs posted and enforced as such?		
20	Are electrical outlets or cords free from overloading?		

Chemica	Storage/Hygiene:		
21	Are all hazardous materials appropriately labeled?		
22	Are all hazardous materials containers closed?		
23	Are all hazardous materials kept in designated storage areas (i.e. flammables or acids cabinets)?		
24	Are incompatible hazardous materials adequately segregated?		
25	Are all hazardous materials stored in appropriate containers that are in good condition?		
26	Are compressed gas cylinders properly labeled, secured and capped when not in use?		
27	Are chemicals stored within the manufacturer's expiration date and in accordance with the Chemical Hygiene Plan?		
28	Are safety data sheets accessible?		
29	Are flammable liquids stored in approved cabinets?		
30	Is access to all hazardous materials limited to authorized personnel?		
31	Are "NO DUMPING" policies in place, enforced and abided by?		
32	Are hazardous waste containers properly identified and labeled with the words, "HAZARDOUS WASTE?"		
33	Are hazardous and non-hazardous wastes being collected and managed properly? Are containers clearly labeled with contents (no formulas or abbreviations)?		
34	Are hazardous waste collection containers fully closed while not actively being added to?		
35	Are trash cans free from hazardous waste?		
36	Are there less than 55 gallons per waste stream at each satellite accumlation area?		

37	Are hazardous waste satellite accumulation area signs in place?		
38	Are employees/students familiar with the waste streams generated in the work area and the proper disposal method(s)?		
39	Are proper absorbent materials on hand for spills?		
40	Is waste removed in a timely manner?		
41	Is the "NO FOOD OR DRINK" policy enforced and adhered to? Are laboratory refrigerators free of food and do they have signs indicating that food is not allowed?		

Houseke	eping/Egress:		
42	Are non-egress doors (closets, offices, etc.) that could incorrectly be thought to be an exit labeled "NOT AN EXIT?"		
43	Are floor surfaces clean, dry, level, not slippery or sticky and in good condition?		
44	Are laboratory areas free from excessive trash or combustibles?		
45	Are spills and leaks attended to and reported when applicable?		

Actions R	equired from Inspection:	Check Here If Additional Sheets are Attached		
#	Required Action	Date Completed	Signature of Person Completing	the Required Action
Inspectio	n/Actions Reviewed by:	-		
Name:		Date:		
Title:		Phone:		
Email:		Signature:		