



### Laboratory Inspection Checklist

Principal Investigator/Lab Manager:	Department:
Building / Lab Room #:	Date of Inspection:
Inspector(s):	

*If the ticketed responses are in any of the grey boxes on the inspection checklist, then you are required to take corrective action. Once each identified problem has been rectified, please check the box in the "rectified" column. When completed, the supervisor should sign and return the form to JABSOM EHSO. A follow-up inspection will follow to ensure discrepancies have been completed.*

1	WORK ENVIRONMENT/GENERAL SAFETY	Yes	No	N/A	Rectified	COMMENTS
1.1	Are Laboratory door signs/placards completed and posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	Emergency notification contact information, including 24/7 phone numbers posted at entries and on equipment in shared areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	Are emergency eye washes unobstructed and inspected monthly with log posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	Are disposable containers for broken glass provided and specifically labeled for glass disposal ("Broken Glass")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5	Is protective clothing, goggles, face shields, gloves, closed-toe shoes and other PPE available and used when the nature of work requires it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.6	If house vacuum lines are used, are appropriate hepa filters attached to vacuum lines and properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.7	Are high standards of housekeeping being maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.8	All waste containers properly labeled with list of contents, whether hazardous or not, and accumulation start date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.9	Proper waste disposal procedures are followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.10	Chemicals and waste are segregated by hazard class and chemical compatibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.11	Lab working areas are free of food and beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.12	Is a fire extinguisher readily accessible and certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.13	Are all fire-rated doors kept closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.14	Are all storage of glass containers off the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.15	Exits are free of any trip hazards or obstruction? (minimum 28 inches clearance in aisles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.16	Is there at least 18 inches clearance from the ceiling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.17	Are safety guards in place for equipment with moving parts (belts, blades, fans, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.18	All sharps wastes are properly segregated, labeled and stored in appropriate containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.19	Is there a mercury spill kit available if mercury thermometers are being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.20	First aid kit readily available and adequately stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.21	Are appropriate disinfectants used and are they made up "fresh"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.22	Refrigerators, freezers, microwaves, ice machines are properly labeled with a "No Food or for Human Consumption" sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2	CHEMICAL SAFETY	Yes	No	N/A	Rectified	COMMENTS
2.1	Are all highly flammable and toxic procedures performed in a fume hood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2	Have all chemical fume hoods pass inspection within the past 12 months (contact JABSOM EHSO if due for inspection)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	Is storage in chemical fume hoods minimized and sashes kept closed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	Are only approved refrigerators used for cold storage of flammable liquids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.5	Are flammable chemicals (flammables and acetic acid) stored in a safe manner (more than 10 gallons stored in approved cabinets)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6	Are incompatible chemicals segregated in storage? (flammables and oxidizers; nitric acid/acids; acids and bases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7	Are all chemicals properly labeled, including hazard identification, and percentages of mixtures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.8	Is the lab free from excess chemicals in storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.9	Are air and water reactive chemicals properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.10	Does the laboratory test peroxide-forming chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.11	Are chemical storage areas identified with signs (flammables, corrosives, carcinogens, poisons, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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2.12	Is a chemical spill kit available (with posted procedures)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.14	Are toxic, reactive or hazardous chemicals stored at eye level or below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

3	BIOSAFETY	Yes	No	N/A	Rectified	COMMENTS
3.1	Biosafety cabinet certification is current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2	Biosafety cabinet in clean condition and proper operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3	Biohazardous waste in red bags with proper signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

4	RADIATION SAFETY	Yes	No	N/A	Rectified	COMMENTS
4.1	Radioactive areas are clearly marked (tape and radioactive hazard symbol)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.2	Radioactive waste stored properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3	Absorbent material readily available to contain any spill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	Adequate & sufficient shielding provided & used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5	Radioactive material securely stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

5	COMPRESSED GAS CYLINDERS	Yes	No	N/A	Rectified	COMMENTS
5.1	Are all gas cylinders secured to a wall, or by trolley/stand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.2	Are incompatible gases properly segregated when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3	Are protective caps in place on cylinders when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

6	ELECTRICAL	Yes	No	N/A	Rectified	COMMENTS
6.1	Are the cords of all electrical equipment in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2	Are cords used properly (no piggy-backing of surge protectors; clear of burners, sinks, aisles; no use of extension cords)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

7	DOCUMENTATION	Yes	No	N/A	Rectified	COMMENTS
7.1	Current Chemical Hygiene Plan (hardcopy) on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2	Standard Operating Procedures available for ethidium bromide, acrylamide, formaldehyde, Liq. Nitrogen. (lab-specific)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.3	Updated annually chemical inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4	MSDS's available for all chemicals in lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.5	Safety training records/certificates of all staff on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6	Bloodborne Pathogens Exposure Control Plan on file (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.7	Hepatitis B Vaccination / Declination Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.8	Biological Safety Manual, including lab-specific SOPs, permits, are current and accessible (electronic & hard copies).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.9	JABSOM HMMP – updated plan on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**ADDITIONAL COMMENTS/ISSUES:**

**Checklist with Corrective Action updates due back to JABSOM EHSO on or before:** \_\_\_\_\_

Audit completed by: \_\_\_\_\_  
*Print Name*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

I certify that all rectifications required are complete, or have been referred to the person with authority to fix it beyond my control.

Lab Manager/PI: \_\_\_\_\_  
*Print Name*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature*