

Monthly Self Inspection Checklist

Building: _____

Room Number: _____

Principle Investigator: _____

Performed by: _____

Answer in the appropriate box for each month; Y = Yes, N = No, N/A = Not Applicable

Academic Year:	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July
Is the Chemical Hygiene Plan Present in the laboratory?												
Are the Safety Data Sheets for all chemicals used in the laboratory present or accessible to laboratory workers?												
Does the laboratory have good housekeeping?												
Are emergency phone numbers prominently displayed in the laboratory?												
Is the laboratory's fire extinguisher present and maintained?												
Are laboratory chemical fume hoods operational?												
Are the laboratory chemical fume hoods kept free of chemical and equipment storage?												
Is the emergency shower station operational and tested within the last 12 months?												
Is the emergency eye wash station operational and tested within the last 12 months?												
Are sharps containers available?												
Are compressed gas cylinders secured?												
Are chemicals stored according to hazard class?												
Are chemicals stored off of the floor?												
Are aisles and emergency exits free of tripping hazards and stored chemicals?												
Are chemical containers stored on low shelving?												
Is the laboratory equipment adequately guarded?												
Is the laboratory free of frayed electrical cords and extension cords?												
Are the hazardous waste containers labeled and properly sealed?												