

Annual Laboratory Safety Checklist

(To Be Completed By The Local Safety Committee)

Laboratory Manager: _____ Room Number: _____
 Inspected By: _____ Date: _____

The following inspection report identifies deficiencies found by the inspection team.

ITEM	YES	NO	NA	COMMENTS
A. EMERGENCY and INFORMATION MATERIAL				
1. Emergency procedures posted and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Fire, spills, injuries				
2. Chemical Safety Program Manual available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Monthly inspections posted and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Shower available and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Eyewash available and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Eyewash tested weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Fire extinguisher present and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Fire extinguisher seal intact; date tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Spill kit available and stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. FIRST AID				
10. First Aid Kit available and stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Inventory list available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. First Aid register available and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. First Aid Manual available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. PERSONAL PROTECTION				
13. Safety glasses available and worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Laboratory coats and gloves available and worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. No bare legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Appropriate footwear worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Face shield available and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Respiratory protection available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Respirator user(s) trained & fit-tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. HOUSEKEEPING				
20. Bench tops and sink areas tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Tripping hazards absent, passageways clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Laboratory exits clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Food and drink absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Chipped or broken glassware not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Friable asbestos absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Step-ladder available for out-of-reach items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. WASTE CONTAINERS				
27. "Glass" refuse containers labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. "Glass" segregated from general refuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Needles and sharps in "Sharps" container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Bulk solvent-waste containers closed and labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Chlorinated and non-chlorinated segregated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Bulk /waste solvents stored in flammables storage cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Interim solvent waste containers closed and <1 litre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Ethidium bromide waste segregated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Photographic chemical waste procedures followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ITEM	YES	NO	NA	COMMENTS
F. COMPRESSED GAS CYLINDERS				
34. Secured to wall or bench with belt or chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Lecture bottles stored upright or slanted/secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Only cylinders in use present in lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. FUME HOODS				
37. Sash at recommended height and air flow on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Area within and under hood tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. ELECTRICAL APPARATUS				
39. Vacuum pumps stored safely and belts guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Refrigerator spark-proof (or "NO Flammables" sign posted & flammables are absent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Frayed or cracked electrical cords absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Make-shift wiring absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. RUBBER OR PLASTIC TUBING				
43. Cracked/brittle/pinched tubing absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Water hoses wired at all connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Water pressure regulators in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J. CHEMICAL LABORATORIES				
46. Solvent storage cabinet available and closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Solvent containers closed and labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Minimal quantities of solvent outside safety cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Solvent-still contents labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. Reagent chemicals stored securely (lips on shelves or doors on cupboards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. Chemical containers intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52. Ethers stored (& used) out of direct sunlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53. Ether containers display opening date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. Peroxide-forming chemicals (e.g. ethers) checked for peroxides (3 to 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55. Labels compliant with WHMIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56. Chemical labels intact, legible, not overwritten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
57. Cleaning baths labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58. Carcinogens/Corrosives/Flammables labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59. Incompatible materials separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60. Perchloric acid absent/used in special wash-down fume hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE ENSURE THAT CORRECTIONS ARE MADE BY: _____
Date

Supervisor: _____
(Please sign after violations have been acted upon)

**Upon Correction of Violations, Please Return to Local Safety Committee
With a copy to Health, Safety & Environment**