

# LABORATORY SAFETY ASSESSMENT

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

**Lab Name** \_\_\_\_\_

LSC: \_\_\_\_\_

Primary Room: \_\_\_\_\_

LSC Mailstop: \_\_\_\_\_

Last Assessment Rooms: \_\_\_\_\_

LSC Phone: \_\_\_\_\_

Last Assessment: \_\_\_\_\_

Assessment Rooms: \_\_\_\_\_

## INFORMATION AND TRAINING

YES NO N/A

- A1. Applicable written programs are available and accessible to Laboratory Workers.
- A2. Appropriate, current laboratory safety and emergency information is posted near main laboratory entrance and emergency information is posted near phones.
- A3. All laboratory workers have completed applicable safety training.
- A4. Laboratory has laboratory specific procedures and applicable workers are trained on them.
- A5. Training records are maintained.
- A6. Incident/Accident/Illness Report and Supervisor's Accident Report forms are available.
- A7. Chemical inventory is available, current, and stored near main laboratory exit.
- A8. Material Safety Data Sheets are available and stored near main laboratory exit.

COMMENTS: \_\_\_\_\_

## GENERAL

YES NO N/A

- B1. Sharps properly stored and disposed.
- B2. Equipment over 4 feet high is seismically braced.
- B3. Sinks are posted with "Non-potable Water" sign.
- B4. NO evidence of food or drink for human consumption in the lab.
- B5. Work surfaces are clean and uncluttered.
- B6. Equipment guards in place for protection against mechanical hazards.

COMMENTS: \_\_\_\_\_

## SAFETY EQUIPMENT

YES NO N/A

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C1. Eyewash and/or safety shower are available and unobstructed.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C2. Eyewash and/or safety shower are tested monthly and the eyewash is activated weekly.                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C3. First aid kit available, properly stocked, and unobstructed.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C4. Fire extinguisher is maintained and unobstructed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C5. Spill kit is available, properly stocked, and easily accessible.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C6. Signage is posted indicating locations of fire extinguishers, eyewash, shower, fire blanket, and spill kit. |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

## LOCAL EXHAUST VENTILATION

YES NO N/A

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D1. Local exhaust ventilation certified annually (e.g. fume hood).                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D2. LEV is properly used.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D3. Fume hood sash is operational and used at proper height.                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D4. Storage of materials is minimized and baffles/exhaust points have adequate clearance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D5. LEV alarms are functioning properly.  |

COMMENTS: \_\_\_\_\_

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## HAZARDOUS MATERIALS

YES NO N/A

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E1. Less than 10 gallons of flammable liquids stored outside flammable cabinet(s).  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E2. Compressed gas cylinders are properly secured, stored, and used.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E3. Mercury containing devices are NOT in use or stored.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E4. Unstable chemicals (e.g. peroxide formers) are properly dated, stored, and tested or disposed prior to expiration date. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E5. Containers are securely capped/closed.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E6. Flammable liquids (all Class I) containers > 1 gallon are safety cans.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E7. Chemical waste accumulated for < 6 months.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E8. Chemical storage areas are clearly labeled (SAA, flammable, corrosive, etc).  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E9. Hazardous liquids are stored in secondary containment.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E10. Safety lips installed on chemical storage shelves.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E11. Chemicals are stored properly including storage with compatible chemicals and materials.                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E12. Only bleach and compatible cleaning agents are stored near sinks.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E13. Hazardous liquids are stored below eye level.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E14. Flammable materials are not stored in standard refrigerators or freezers.  |

- E15. Carcinogen hazard signage posted on lab door and containers.
- E16. All containers are properly labeled.

COMMENTS: \_\_\_\_\_  
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## PERSONAL PROTECTIVE EQUIPMENT

- | YES                      | NO                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F1. Appropriate gloves are available and in good condition.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F2. Only non-powder latex gloves are in use.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F3. Appropriate eye and face protection is available and in good condition.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F4. Faceshield and cryo-thermal gloves are available for liquid nitrogen use.                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F5. Appropriate lab coats, aprons, or other protective clothing is available and in good condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F6. Respirators are in use.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F7. Respirator use meets voluntary use.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F8. Respirator users have proper training, medical clearance, and/or fit testing.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F9. Appropriate PPE is used and used properly.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F10. NO open-toed shoes or sandals worn.  |

COMMENTS: \_\_\_\_\_  
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## FIRE AND LIFE SAFETY

- | YES                      | NO                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G1. No storage within 24 inches (unsprinklered) or 18 inches (sprinklered) of ceiling.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G2. Aisles and exits are kept clear with no tripping hazards.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G3. Fire doors are not improperly propped or blocked open.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G4. All ceiling tiles are in place.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G5. Fire blanket is available and unobstructed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G6. Equipment and cords appear to be in good condition.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G7. Electrical outlets and power strips are in good working condition and properly used.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G8. NO space heaters are used in lab.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G9. Electrical extension cords are used for only temporary purpose, properly used, and in good condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G10. Electrical panels are unobstructed and closed.   |

COMMENTS: \_\_\_\_\_  
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