

# Laboratory Safety Inspection Checklist (Science Labs)

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## General Facility Conditions

Assessment of overall lab cleanliness, organization, and structural integrity.

**Ambient Temperature (°C)**

Enter a number...

**Noise Level (dB)**

Enter a number...



### Floor Condition (Overall)

- Excellent
- Good
- Fair
- Poor
- Unsafe

### Wall & Ceiling Condition

- Excellent
- Good
- Fair
- Poor
- Requires Repair

### Notes on General Cleanliness & Organization

Write something...

### Presence of Pests?

- Yes
- No
- Unsure

### Photos of General Facility Condition (Optional)

 Upload File

# Ventilation & Air Quality

Evaluation of ventilation systems and air quality control measures.

## Room Air Changes per Hour (ACH)

Enter a number...

## Fume Hood Certification Status?

- Certified within last year
- Certified between 1-2 years ago
- Expired/Not Certified

## Describe any unusual odors or ventilation concerns observed.

Write something...

## Local Exhaust Ventilation (LEV) Functionality

- Functioning Properly
- Minor Issue - Needs Attention
- Malfunctioning - Immediate Action Required

### Fume Hood Face Velocity (m/s or ft/min)

Enter a number...

### Which Ventilation System Components are visible? (Check all that apply)

- Supply Fans
- Exhaust Fans
- Air Filters
- Ductwork
- Grilles/Diffusers
- None Visible

### Are Ventilation Systems Regularly Maintained?

- Yes, documented maintenance schedule
- Occasionally
- No documented maintenance

## Lighting & Electrical Safety

Review of lighting adequacy and electrical hazards.

### Ambient Light Level (Lux)

Enter a number...

### Lighting Condition

- Adequate
- Dim
- Excessive
- Insufficient

### Electrical Hazards Observed

- Frayed Wiring
- Overloaded Circuits
- Damaged Outlets/Switches
- Ungrounded Equipment
- None Observed

### GFCIs Tested?

- Yes
- No
- N/A

### Circuit Breaker Amp Rating (Check against equipment draw)

Enter a number...

### Comments/Notes on Lighting and Electrical Safety

Write something...

## Emergency Equipment & Accessibility

Inspection of safety showers, eyewash stations, fire extinguishers, and first aid kits – ensuring they are functional and accessible.

**Last Eyewash Station Inspection Date**

Enter a number...

**Last Safety Shower Inspection Date**

Enter date...

**Number of Functioning Fire Extinguishers**

Enter a number...

**Eyewash Station Water Pressure (Adequate/Insufficient)**

- Adequate
- Insufficient

**Safety Shower Water Temperature (Acceptable/Too Hot/Too Cold)**

- Acceptable
- Too Hot
- Too Cold

### Fire Extinguisher Inspection Tags Present and Valid?

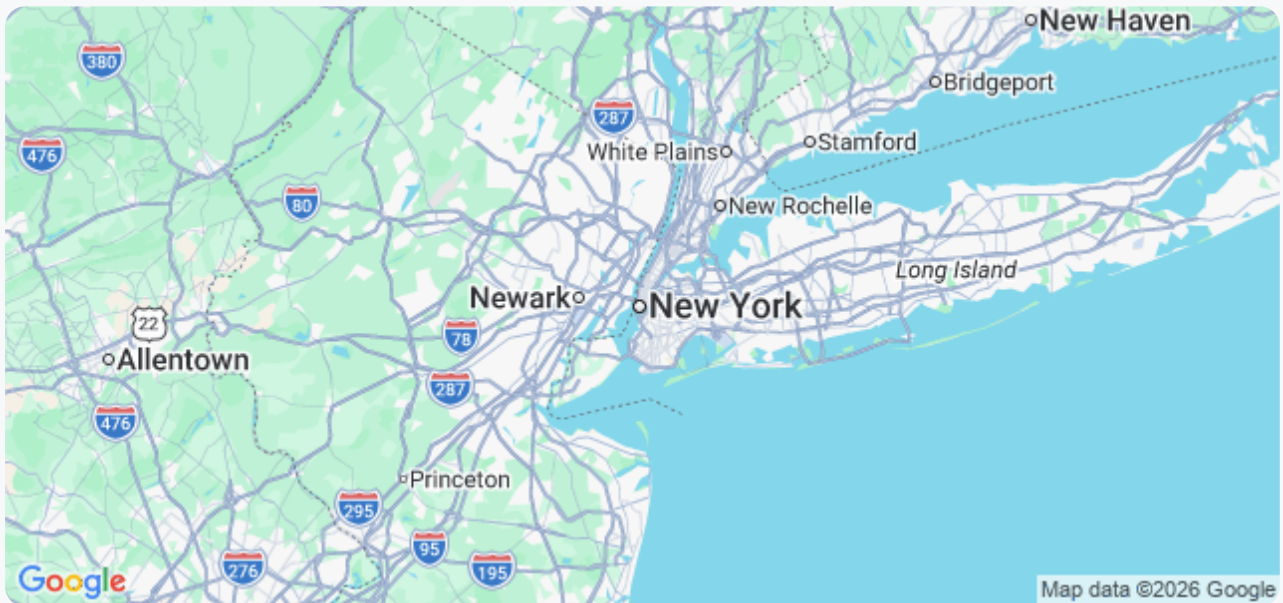
- Yes
- No
- N/A

### Comments/Observations Regarding Emergency Equipment

Write something...

### Location of First Aid Kit

 [Set My Current Location](#)



# Hazardous Materials Storage

Verification of proper storage practices for chemicals, biological agents, and other hazardous materials.

## Temperature of Flammable Storage Refrigerator

## Chemical Cabinets Securely Fastened to Wall?

- Yes
- No
- N/A

## Incompatible Chemicals Segregated?

- Acids and Bases
- Oxidizers and Flammables
- Acids and Metals
- Yes - All Segregated
- No - Some Segregation Issues

## Secondary Containment Used for Liquids?

- Yes
- No
- N/A

### Comments on Chemical Storage Practices

Write something...

### Date of last chemical inventory

Enter date...

### Compressed Gas Cylinders Properly Secured?

Yes

No

N/A

## Hazardous Waste Management

Review of waste disposal procedures and container labeling.

### Number of Hazardous Waste Containers

Enter a number...

### Waste Segregation Practices

- Compatible Waste Segregation
- Incompatible Waste Segregation
- Proper Labeling
- Waste is NOT Mixed

### Container Label Status

- Labels are Complete & Legible
- Labels Missing or Incomplete
- Labels Damaged or Faded

### Date of Last Waste Pickup

Enter date...

### Notes on Waste Management Practices (if any)

Write something...

### Waste Manifests are Properly Maintained

- Yes
- No
- N/A

### Upload Photo of Waste Storage Area

 Upload File

# Personal Protective Equipment (PPE)

Assessment of PPE availability, condition, and proper usage protocols.

**Are appropriate PPE readily available to all lab personnel?**

- Yes
- No
- N/A

**Which types of PPE are typically required in this lab?**

- Safety Glasses/Goggles
- Lab Coat
- Gloves (specify type below)
- Respirator
- Face Shield
- Hearing Protection

**If gloves are required, what type(s) are appropriate? (e.g., Nitrile, Latex, etc.)**

Write something...

**Are employees adequately trained on proper PPE selection and usage?**

- Yes
- No
- N/A

**Number of available lab coats.**

Enter a number...

**Any observations regarding the condition of PPE (e.g., damaged lab coats, mismatched gloves)?**

Write something...

**Are designated areas for PPE storage clearly marked?**

Yes

No

N/A

## **Emergency Procedures & Signage**

Evaluation of emergency plans, evacuation routes, and safety signage.

**Are evacuation maps posted in prominent locations?**

Yes

No

N/A

**Are emergency contact numbers clearly posted?**

- Yes
- No
- N/A

**Date of last fire drill (MM/DD/YYYY)**

Enter a number...

**Briefly describe any observed deficiencies related to emergency signage.**

Write something...

**Check all that apply regarding emergency procedures.**

- Evacuation plan is readily accessible
- Staff are trained on emergency procedures
- Communication protocols are clear
- Assembly points are designated and known
- Emergency contact list is current

**Are emergency exits clearly marked and unobstructed?**

- Yes
- No
- N/A

**Date of last emergency procedure review**

Enter date...

## Structural Integrity & Housekeeping

Inspection of flooring, walls, ceilings, and overall housekeeping practices.

**Floor Condition Rating (1-5, 1=Excellent, 5=Poor)**

Enter a number...

**Floor Damage Observed (Check all that apply)**

- Cracks
- Spills/Stains
- Loose Tiles
- Holes
- None

**Describe any wall or ceiling damage observed.**

Write something...

**Evidence of Pests (Rodents, Insects)?**

Yes

No

Unsure

**Dust Accumulation on Surfaces (Scale of 1-5, 1=None, 5=Excessive)**

Enter a number...

**Are Aisles and Pathways Clear and Unobstructed?**

Yes

No

Partially Obstructed

**Describe any housekeeping deficiencies observed.**

Write something...

# Laboratory Specific Hazards

Assessment of unique hazards related to specific laboratory activities and equipment.

**Describe any unique experimental procedures carried out in the lab and potential associated hazards.**

Write something...

**Are any specialized equipment (e.g., autoclaves, fume hoods, centrifuges) in use? Select all that apply.**

- Autoclave
- Fume Hood
- Centrifuge
- Spectrophotometer
- Microscope
- Other (Specify in LONG\_TEXT)

**If 'Other' was selected for specialized equipment, please specify.**

Write something...

**For procedures involving radioactivity, record the last date of calibration/inspection of radiation monitoring equipment.**

Enter a number...

**For labs working with biological agents, has a risk assessment been conducted for each agent?**

Yes

No

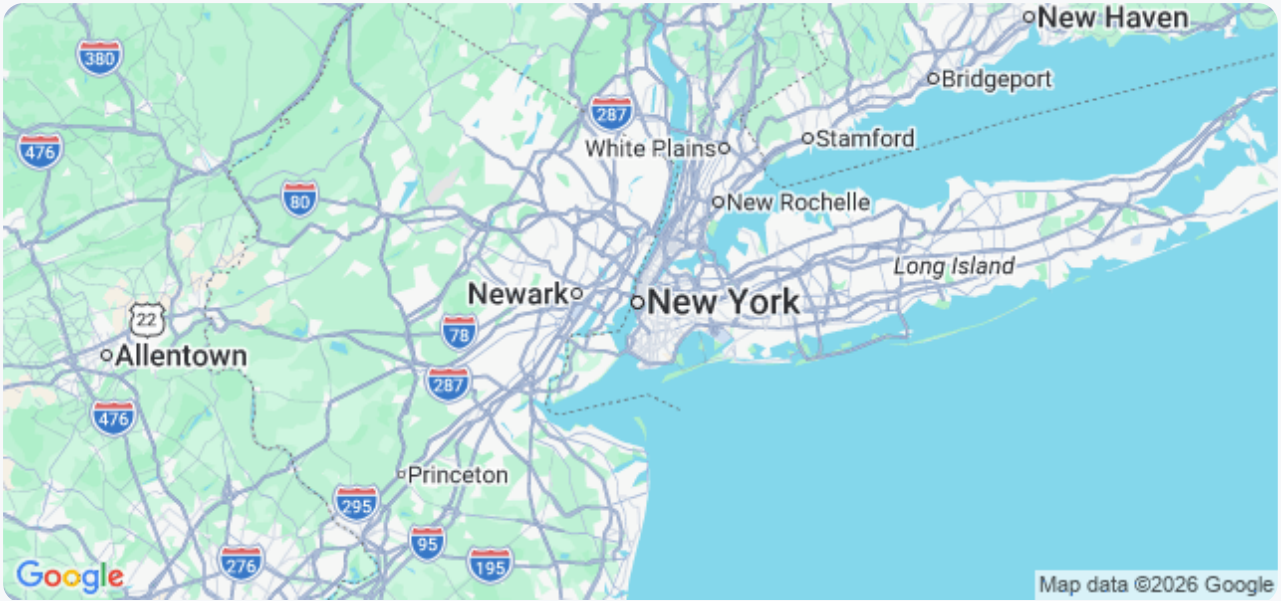
N/A

**Date of last biological agent risk assessment review (if applicable)**

Enter date...

**Location of any specifically hazardous materials (e.g., concentrated acids, strong oxidizers)**

[📍 Set My Current Location](#)



**Upload relevant Standard Operating Procedures (SOPs) for unique processes**

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