

# Laboratory Safety Inspection Checklist (Science Labs)

### **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)	
Floor Condition (Overall)  Excellent	
Good	
☐ Fair	
Poor	
Unsafe	

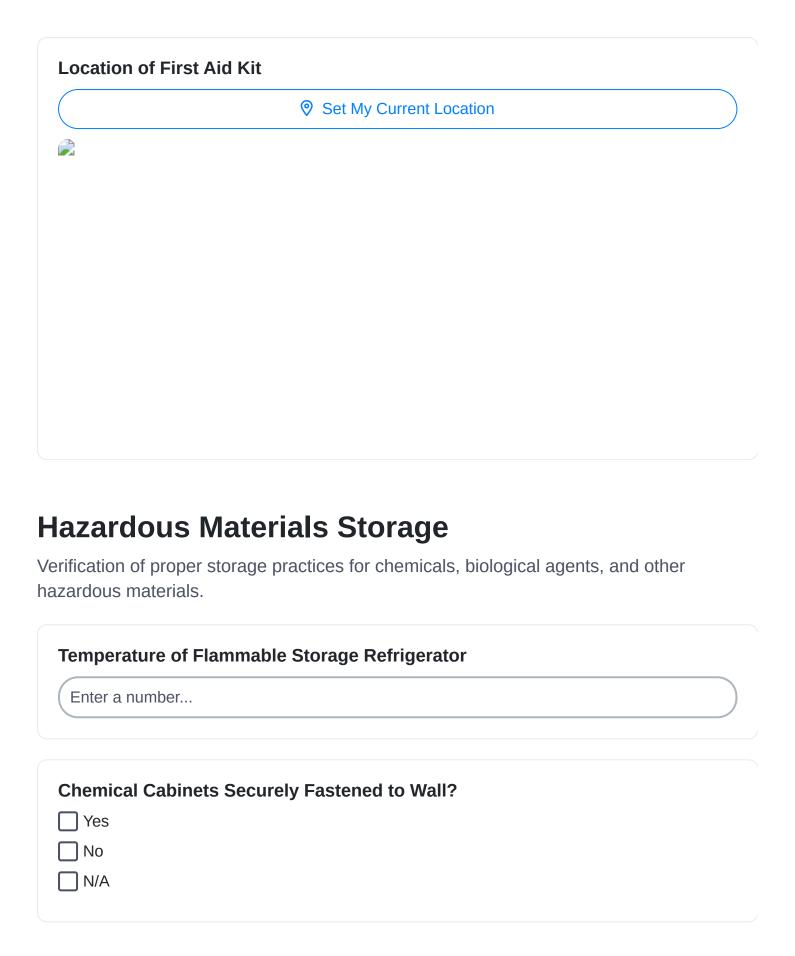
Wall & Ceiling Condition
☐ Excellent ☐ Good
☐ Fair
Poor
Requires Repair
Notes on General Cleanliness & Organization
Write something
Presence of Pests?
☐ Yes
No
Unsure
Photos of General Facility Condition (Optional)
♣ Upload File
Ventilation & Air Quality
Evaluation of ventilation systems and air quality 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



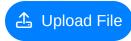
Incompatible Chemicals Segregated?  Acids and Bases  Oxidizers and Flammables  Acids and Metals  Yes - All Segregated  No - Some Segregation Issues
Secondary Containment Used for Liquids?  Yes  No N/A
Comments on Chemical Storage Practices  Write something
Date of last chemical inventory  Enter date
Compressed Gas Cylinders Properly Secured?  Yes No N/A

# **Hazardous Waste Management**

Review of waste disposal procedures and container labeling.

Enter a number	
Waste Segregation Practices  Compatible Waste Segregation	
<ul><li>☐ Incompatible Waste Segregation</li><li>☐ Proper Labeling</li><li>☐ Waste is NOT Mixed</li></ul>	
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	

#### **Upload Photo of Waste Storage Area**



## **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

Enter a n	umber
	ervations regarding the condition of PPE (e.g., damaged lab coats, ned gloves)?
Write son	nething
Are desiç Yes No N/A	gnated areas for PPE storage clearly marked?
•	ency Procedures & Signage f emergency plans, evacuation routes, and safety signage.
aluation o	

Date of last fire drill (MM/DD/YYYY)	
Enter a number	)
Briefly describe any observed deficiencies related to emergency sign	age.
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

Write something	
boratory	Specific Hazards
essment of uniqu	ue hazards related to specific laboratory activities and equipment.
Describe any uni notential associa	que experimental procedures carried out in the lab and ited hazards.
Write something	
	zed equipment (e.g., autoclaves, fume hoods, centrifuges) in nat apply.
use? Select all th	
use? Select all th	
use? Select all th Autoclave Fume Hood	nat apply.
use? Select all th Autoclave Fume Hood Centrifuge	nat apply.
use? Select all the Autoclave  Fume Hood  Centrifuge  Spectrophotome	nat apply.
use? Select all the Autoclave Autoclave Fume Hood Centrifuge Spectrophotome Microscope	nat apply.
Autoclave Autoclave Fume Hood Centrifuge Spectrophotome Microscope Other (Specify in	nat apply.
Autoclave Autoclave Fume Hood Centrifuge Spectrophotome Microscope Other (Specify in	ter LONG_TEXT)

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	
Set My Current Location	

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

