



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)

- ☐ 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)

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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)

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

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Hazardous Materials Storage

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

Temperature of Flammable Storage Refrigerator

Enter a number...

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

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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)

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Upload relevant Standard Operating Procedures (SOPs) for unique processes

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