



LABORATORY SAFETY INSPECTION

Department: _____ Professor/Prin. Invest.: _____
 Building: _____ Contact: _____ Tel: _____
 Room(s): _____ Inspected by: _____ Date: _____
 Accompanied by: _____

Notes:
 x in the **yes** box means that no problem was observed at the time of the inspection
 x in the **no** box means that action is required by the laboratory supervisor
 x in the **n/a** box means the item is not applicable
 ** in the No column indicates that a repeat violation exists

A. Safety Practices

1. All work practices observed at the time of the inspection were being performed safely	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
2. Good housekeeping practices are observed	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

B. Emergency Equipment and PPE

1. URI Emergency Information cards posted on hallway doors	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
2. Fire extinguishers are appropriate, unobstructed, secured and inspected (Number) Dry Chem. _____ Halon _____ CO2 _____ APW _____ Date on Tag _____ Tamper Seal On _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
3. Spill control kits appropriate and available	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
4. First aid kit available	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
5. Appropriate personal equipment is available, clean and in good condition (goggles, gloves, lab coats and aprons)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
6. Respirator users (including disposable masks) fit tested and trained Names of users: _____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
7. Eye wash stations accessible, operational, labeled and tested (date tested _____)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
8. Safety shower within 100 feet, unobstructed and tested (date tested _____)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
9. Door posted for hazards (flammables/toxic/biohazards/radiation/lasers)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

C. Chemical Safety

1. All containers are completely and appropriately labeled	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
2. Incompatible chemicals stored separately	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
3. All chemicals stored by hazard class	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
4. All chemicals, especially peroxide formers, dated at time of receipt and again at time of opening	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
5. Peroxide formers disposed of within one year of purchase	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
6. All chemical containers are tightly closed when not in use	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
7. Flammable liquids greater than 25 gallons stored in safety cabinets	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
8. Flammable liquids in quantities over 1 gallon are stored in safety cans	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
9. Flammable chemical storage areas free of ignition sources	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

C. Chemical Safety continued

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|--|------------------------------|-----------------------------|------------------------------|
| 10. Flammables that need cold storage are stored in explosion-proof refrigerators | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 11. There are no chemicals stored on floors, near floor drains or in/under sinks | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 12. Food and beverages are not consumed in the lab or stored in the laboratory refrigerator | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 13. No application of cosmetics allowed unless a personnel area is segregated by a doorway | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 14. Chemical inventory is complete and up-to-date | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 15. MSDS available for hazardous chemicals used in the lab (located _____) | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 16. Written standard operating procedures/protocols developed for use of hazardous materials and use of laboratory equipment | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 17. Unstable nitro compounds (e.g. picric acid) are not dry in appearance | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 18. No hazardous liquids are stored above the eye level of the shortest person in the lab | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 19. All instruments exhausting hazardous gases are vented to the hood | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |

D. General Safety

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|---|--------------------------------------|-----------------------------|------------------------------|
| 1. Bunsen burner hose connections are undamaged and securely clamped | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 2. All exit doors and the egress pathway leading to them are unobstructed | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 3. Electrical plugs/cords are not visibly damaged and do not cross aisles | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 4. Extension cords where used are of appropriate type | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 5. Electrical outlets near water are GFI | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 6. Fume and biological hoods are used properly and are not used for routine storage | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 7. Fume hood in working condition and inspected within the past twelve (12) months | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| Hood # _____ Date _____ Average CFM _____ | | | |
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| Hood # _____ Date _____ Average CFM _____ | | | |
| Hood # _____ Date _____ Average CFM _____ | | | |
| 8. Laboratory equipment with moving parts are guarded (fan belts) | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 9. Shielding on vacuum/pressurized glassware | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 10. Are water lines secure | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 11. Laboratory water lines to instruments do not drain back to the water supply (faucet) and water lines are below the water supply (faucet) | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 12. Is there an appropriate container for non-recyclable glass? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | Sharps? <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |

E. Gas and Cryogen Safety

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|---|---------------------------------|--------------------------------------|------------------------------|
| 1. Gas cylinders are secured in the top third and stored away from heat sources | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 2. Gas cylinders are capped if not in use | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 3. Gas cylinders are properly labeled | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| Type of Cylinder | Quantity | | |
| _____ | _____ | | |
| _____ | _____ | | |
| _____ | _____ | | |
| 4. Regulators shut off when not in use | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |
| 5. Cryogenic liquid safety (warning signs, gloves, labels) | <input type="checkbox"/> gloves | <input type="checkbox"/> face shield | <input type="checkbox"/> n/a |
| 6. Cryogenic materials are stored in vessels with appropriate pressure rating | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> n/a |

F. Other Hazards Present

1. Explosive materials	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
2. Biomedical waste including Pathogens, human or animal	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
3. Lasers	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
4. Radioactivity	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
5. X-ray equipment	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
6. Photography	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a



HAZARDOUS WASTE INSPECTION FORM

Notes:

x in the **yes** box means that no problem was observed at the time of the inspection

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Hazardous Waste Management Practices

1. Chemical waste storage area designated in each laboratory with a "Hazardous Waste Accumulation" sign	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
2. Containers properly and completely labeled with "Hazardous Waste" label (all items on label filled in completely)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
3. Waste storage containers of proper material and in good condition	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
4. Each container is closed except when adding waste with a tight fitting cap	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
5. There is secondary containment for liquid waste (Tray number _____)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
6. There is no more than one (1) container for each waste stream which is not greater than 55 gallons or one (1) quart of acutely hazardous waste	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
7. All laboratory workers have taken the Hazardous Waste Training	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
8. Weekly Hazardous Waste Accumulation Inspection records are up-to-date	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Training certificates are available	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
MSDSs are available	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
Written SOP's are available	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
9. A copy of the URI Laboratory Waste Guidebook is in the laboratory	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a

Type of research:

Number of containers of chemicals in lab:

<100 100-500 >500

Comments:

The P.I. is required to confirm in writing to the SRM office within 30 days following receipt of this report that the requirements, recommendations, suggestions and/or requests specified in the remarks checked with a NO response have been completed and/or remediated. The P.I.'s response should be keyed to specific numbered remark checked with a NO response. This report is to be saved along with the Weekly Hazardous Waste Accumulation records and training certificates and becomes part of the laboratory documentation. If the P.I. is unable to comply within 30 days with any of the hazardous waste requirements, SRM must be contacted for assistance.

No written reply to the SRM office is required from the P.I. as a result of this report. This report is to be saved along with the Weekly Hazardous Waste Accumulation records and training certificates and becomes part of the laboratory documentation.