

Laboratory Safety Survey Form

Building: _____ Room #: _____ Department: _____

Lab Staff Present: YES NO

Biosafety Level: _____ Surveyed By: _____ Date: _____

Violation	Description	Severity
COMPRESSED GAS CYLINDERS		
161.	Secure compressed gas cylinders properly (Required)	5
162.	Provide clear labels for compressed gas identification (Required)	3
163.	Store gas cylinders in an upright position (Required)	3
164.	Replace valve cover when gas cylinder is not in use (Recommended)	3
ELECTRICAL		
141.	Replace damaged electrical cord - _____ (Required)	3
142.	Provide proper grounding or polarity for electrical outlet(s) - _____ (Required)	1
143.	Move electrical equipment away from sink - _____ (Recommended)	1
144.	Move equipment/supplies blocking access to electrical panel(s) (Required)	3
145.	Provide electrical ground for the following- _____ (Required)	3
146.	Provide cover plate on outlet or switch - _____ (Required)	3
147.	Isolate exposed wiring or electrical contacts - _____ (Required)	3
148.	Replace extension cords and multiple outlet boxes with permanent wiring (Recommended)	1
149.	Provide ground fault circuit interrupt electric outlets within 5' of water sources (Recommended)	1
150.	Eliminate electrical outlet expanders (3:1, 6:1) that do not have fuses or circuit breakers	1
EMERGENCY EYE WASH		
21.	Install emergency eye wash (Required)	5
22.	Emergency eye wash is not operating properly, needs to be serviced (Required) Contact CFS at 278-1900 for	5
23.	Eliminate material that prevents ready access to eye wash (Required)	3
24.	Eliminate plastic bottle eye wash stations that are insufficient (Required)	3
EMERGENCY PROCEDURES		
1.	Post complete emergency procedures (call 4-2005 for Emergency Procedures Handbook) (Required)	3
EMERGENCY SHOWER		
31.	Install emergency shower (Required)	5
32.	Eliminate material that prevents ready access to emergency shower (Required)	3
33.	Emergency shower needs to be inspected (Required)	3
FIRE SAFETY		
51.	Obtain appropriate fire extinguishers (call 4-8000 for help) (Required)	5
52.	Secure fire extinguisher on the wall (Required)	4
53.	Eliminate material blocking access to fire extinguishers (Required)	3
54.	Eliminate materials stored within 18" of the ceiling (Required)	3
55.	Eliminate flammable liquid storage/transfer in exit-access doorways (Required)	4
56.	Ensure all fire alarm signaling devices are unobstructed and not impaired (Required)	3
FUME HOOD/BSC		
39.	Fume hood sash left open when not in use. (Required) Corrected during inspection.	0
40.	Empty waste jug venting into fume hood. (Required)	5

41.	Fume hood needs to be serviced by Campus Facility Services. (Required)	5
42.	Provide appropriate hood sash or repair existing sash (Required)	5
43.	Move air flow obstruction from fume hood face and/or back baffles (Required)	3
44.	Biological safety cabinet needs to be certified annually (Required)	3
45.	Discontinue storing unused chemicals and materials in fume hood (Recommended)	1
46.	Eliminate flammables from biosafety cabinet (Required)	5
47.	Eliminate Bunsen burner from biosafety cabinet (Required)	5
49.	Remove extension cord or power strip from fume hood. (Required)	5
GUARDING		
171.	Provide belt and pulley guard for vacuum pump (Required)	3
172.	Reattach or reinstall guard for vacuum pump (Required)	3
173.	Provide guarding for _____ (Required)	3
174.	Use vacuum line filters to protect house vacuum equipment (Required)	1
HAZ/BIO WASTE		
110.	Provide lid for biohazard container	4
111.	Provide sharps container for all syringes, needles, scalpels, etc. (Required)	5
112.	Provide box (e.g. corrugated cardboard) for disposal of glass-label "Glass Disposal" (Required)	3
113.	Label waste containers with contents- _____ (Required)	9
114.	Place all sharps in sharps containers (Required)	5
115.	Keep chemical waste containers closed except when adding waste (Required)	9
116.	Ensure sharps fit completely in sharps container (Required)	3
117.	Place non-infectious waste rigid plastic pipettes, glass etc. in box-marked "glass disposal" (Required)	4
118.	Dispose of overfilled glass waste container (Required)	5
119.	Place potentially infectious waste: rigid pipettes & petri dishes in sharps container (Required)	5
10110.	Provide lid for biohazard container. Corrected during inspection.	0
HAZARD/SAFETY SIGNAGE		
11.	Post Lab Classification - Eye protection requirements near entry (Required)	4
12.	Post No eating or drinking near entry (Required)	3
13.	Post correct emergency contact information near entry. Please notify EHS at 278-6150 or submit signage	3
14.	Post Biohazard Logo (with biohazard level and agent if appropriate) near entry (Required)	4
15.	Post Laser Area near entry (Required)	4
16.	Post X-Ray Radiation Area near entry (Required)	4
17.	Post High Magnetic Field Area near entry (Required)	4
HOUSEKEEPING		
71.	Eliminate obstructions or materials from aisles (Required)	3
72.	Eliminate equipment or materials from exit (Required)	3
73.	Bench tops too crowded - remove/organize materials (Recommended)	3
74.	Eliminate water or other slipping hazard from the floor (Required)	1
75.	Eliminate tripping hazard - _____ (Required)	3
76.	Secure vacuum flasks so that they don't tip over (Recommended)	3
HYGIENE		
81.	Eliminate eating, drinking and/or storage of food and drink from the lab (Required)	5
82.	Eliminate food and drink storage in lab refrigerator (Required)	5
83.	Eliminate all food containers, cups and utensils (Required)	5
LABELING		

121.	Provide complete chemical name on all containers (Required)	5
122.	Label all secondary containers (including wash bottles, carboys, and repipetts) (Required)	3
123.	Secure label to container - _____ (Required)	3
124.	Refresh label that has faded or is partly missing- _____ (Required)	3
125.	Label refrigerator/freezer "NO FOOD, DRINKS, OR FLAMMABLES." (Recommended)	1
126.	Label refrigerator containing biohazardous material with a "biohazard" label (Required)	3
127.	Label ice machine "not for human consumption" (Recommended)	1
128.	Label food items used for labwork "not for human consumption" (Recommended)	1
129.	Label microwave oven "not for food use" (Recommended)	1
130.	Label containers with formaldehyde contents using the "Caution-Formaldehyde" label (Required)	1
131.	Provide complete chemical name and not abbreviated name- _____ (Required)	1
MISCELLANEOUS		
900.	Survey not done. Reason _____	
999.	No violations were identified	0
OTHER		
181.	Ensure that all lab users know where the Chemical Hygiene Plan is located (Required)	5
182.	Ensure that all lab users know where the MSDS for chemicals in the lab are located (Required)	5
183.	Ensure that all lab users know where the Laboratory Safety Manual is located (Recommended)	3
184.	Ensure that lab users know the location of Bloodborne Pathogens-Exposure Control plan (Required)	5
185.	Ensure that all lab workers have attended lab safety training (Required) The following employees have not	3
186.	Ensure personnel working in Laboratories producing biohazardous waste understand how to dispose of the	5
187.	Provide _____ antidote for the following chemical found in the lab: _____ (Required)	5
PERSONAL PROTECTIVE EQUIP		
61.	Wear eye protection in lab (Required)	5
62.	Wear appropriate eye/face protection for hazardous material handling (Required)	5
63.	Wear appropriate gloves (Required)	5
64.	Eliminate shorts and sandal wearing practices from the lab (Required)	5
65.	Wear a lab coat and/or rubber apron while using strong acids (Required)	5
66.	Store unused safety glasses and goggles in zip-lock bags or original containers (Recommended)	1
67.	Wear thermal gloves and face shield with goggles when delivering liquefied gases (Required)	5
68.	Inappropriate laboratory attire. (Required) _____	3
STORAGE		
91.	Store acids/bases/oxidizers/solvents in separate areas (Required)	4
92.	Eliminate chemical storage above eye level (Recommended)	1
93.	Eliminate chemical storage on the floor (Required)	4
94.	Eliminate stacking of chemicals or storage of chemicals on their sides on shelves or in cabinets	2
95.	Replan chemical storage on overcrowded shelves (Recommended)	2
96.	Eliminate outdated or expired chemicals - _____ (Required)	3
97.	Eliminate flammable solvents from non-explosion safe refrigerator (Required)	5
98.	Store over 10 gallons of flammable solvents in approved flammable storage cabinet (Required)	5
99.	Date peroxide forming chemicals upon receipt and opening - _____ (Required)	4
100.	Eliminate storing chemicals on or over desk areas (Required)	4
101.	Eliminate storing flammable materials where Bunsen burners are used (Required)	5
102.	Reorganize chemical storage and eliminate unused chemicals (Recommended)	2
103.	Reorganize storage in refrigerator/freezer (Recommended)	1

104.	Eliminate Chemical Storage Underneath Sink (Required)	4
105.	Dispose of the following non-essential mercury containing device(s) _____ (Required)	1
106.	Use appropriate secondary container (Required)	3
107.	Submitted reportable chemical inventory inaccurate. (Required) _____	1

ADDITIONAL ITEMS:
