

LABORATORY INSPECTION REPORT
University of New England, Environmental Health & Safety

Type of Inspection: Informal Formal Response to Complaint

Date: **Building:** **Room #:** **Inspector(s):**

Employee(s) responsible for Lab (Lab Coordinator (LC) faculty, PI, researcher):

Name: _____ Title: _____ Ext.: _____

SAA in Lab? Y or N **Is Yes, Location?** **Hood** **Bench** **Floor** **Near Sink**
(circle all that apply)

EH&S **LC**
Y / N **Action** **Action**

Documentation and Signage:

			Hazards signage in place, conspicuous and legible?
			Evacuation route sign & Emergency Procedures posted conspicuously or near door?
			Restrictions notice in place outside lab entrance(s)?
			Refrigerators need signage "No food or drink allowed"? (if applicable)
			Safety Manual Available in hardcopy or accessible on computer?
			Chemical Inventory up to date?
			Most recent version date _____
			All MSDS on file?
			Last updated? _____
			Is Chemical Hygiene Plan on file?
			Is it up-to-date?
			Where is it kept? _____
			Date if last review/update? _____
			Student HAZCOM Training performed?
			By whom? _____
			When? _____
			Frequency? _____
			Documentation kept by whom and where?
			Whom? _____ Where? _____
			Gas shut off valve signage conspicuous?
			Who is responsible for emergency shut off of gas valve?

			Housekeeping:
			Is lab cleaned regularly? _____
			By whom? Sodexho? _____ LC? _____ Work Study Student? _____
			Hazards:
			Benches kept clear of hazards? Physical or Chemical? (circle one)
			<i>If not, note identified hazards below under Comments.</i>
			Are any chemicals stored improperly?

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			<i>If yes, note below under Comments.</i>
			Any stored or used chemicals that have exceeded shelf-life? <i>If yes, identify known hazards below under Comments. Immediately notify EHS for proper containment and disposal.</i>
			Any noted food or drinks in lab area? Y N (circle one) In Prep Room? Y N (circle one)
			Lab Equipment:
			Eye wash station working? Inspected? Y or N (circle one) Date of last inspection? _____
			Drench shower working? Inspected? Y or N (circle one) Date last inspected? _____ Date last tested? _____
			Fire extinguisher inspected? Last inspection? _____ Last recharged? _____
			Spill Kits:
			Chemical Spill kit(s) available?
			How many?
			Is it full?
			Personal Protective Equipment:
			Is there ample PPE gloves and safety glasses available?
			Hazardous Waste:
			Is hazardous waste generated and accumulated in this lab?
			Is the Hazardous Waste profiled?
			How often is it generated?
			How is it accumulated?
			If no SAA, is one necessary?
			Biohazardous/Biomedical Waste:
			Is biohazardous/biomedical waste generated in this lab?
			Is biohazardous/biomedical waste(s) accumulated properly?
			<i>If no, state deficiencies/issues/violations under Comments.</i>
			Is any waste autoclaved?
			If yes, list types of wastes (include description of constituents; e.g. human cells, human blood, animal tissue, auger, hazardous chemicals, etc.):
			Who is responsible for autoclaving? _____

