

Laboratory Safety Assessment Form

(Use this form to assist in conducting an annual lab self-assessment. Retain a copy for your records.)

Date	PI / Lab Contact
Building	Assessment Completed by
Room	Department

Information / Postings		✓ Action Needed	Days	Comments
1	Lab Hazard / Contact Information sign is current, accurate, and clearly posted at entrance(s)	<input type="checkbox"/>	30	
2	OSU Laboratory Safety Quick-Reference Guide posted in a visible location near entrance(s)	<input type="checkbox"/>	30	
3	Areas requiring specific personal protective equipment, training, security clearance, etc., clearly posted	<input type="checkbox"/>	30	
4	"In Case of Emergency" Poster displayed in department common areas	<input type="checkbox"/>	30	
5	Chemical Hygiene Plan and lab specific SOPS available to employees	<input type="checkbox"/>	30	
6	PI or lab manager has responded to corrective actions noted on previous lab assessment conducted by EH&S.	<input type="checkbox"/>	30	
7	Safety Data Sheet (SDS) information accessible	<input type="checkbox"/>	30	
8	Chemical Inventory recorded into EHS database	<input type="checkbox"/>	30	
9	No Food or Drink in areas where hazardous substances are used or stored	<input type="checkbox"/>	7	
Employee Training				
10	ALL Workers have completed:	<input type="checkbox"/>	30	
	a. Laboratory Safety Training	<input type="checkbox"/>	30	
	b. Hazardous Waste Training	<input type="checkbox"/>	30	
	c. Safety Data Sheet (SDS) Training	<input type="checkbox"/>	30	
	d. Fire Extinguisher Training	<input type="checkbox"/>	30	
14	ALL training is documented for each employee	<input type="checkbox"/>	30	
Equipment				
15	Fume hood(s) survey current; air flow is adequate; sash position marked	<input type="checkbox"/>	30	
16	Fume hood(s) are used with sash in appropriate position	<input type="checkbox"/>	30	
17	Fume hood vents (baffles) unobstructed	<input type="checkbox"/>	30	
18	Other local exhaust devices (e.g. gas cabinets, snorkel hoods) functional	<input type="checkbox"/>	30	
19	Water aspirators have functional traps	<input type="checkbox"/>	30	
20	Fire alarm pull stations unobstructed	<input type="checkbox"/>	30	
21	Building fire extinguishers unobstructed	<input type="checkbox"/>	30	
22	Eyewash and Safety Showers available and unobstructed	<input type="checkbox"/>	30	
23	Eyewash tested monthly by lab; Safety Shower tested by EH&S	<input type="checkbox"/>	30	
24	Autoclave displays SOP and enrolled in the Autoclave Testing Program	<input type="checkbox"/>	30	
25	BioSafety Cabinet certified annually, properly located & used appropriately	<input type="checkbox"/>	30	
26	Spill control materials available and adequate	<input type="checkbox"/>	30	
Personal Protective Equipment (PPE)				
27	Appropriate clothing (no shorts or open toed shoes) worn by ALL while in lab	<input type="checkbox"/>	7	
28	Appropriate PPE (e.g., lab coats, nitrile gloves, safety glasses, goggles, etc.) used as necessary	<input type="checkbox"/>	7	
29	Respirator use:	<input type="checkbox"/>	30	
	a. Users enrolled in respiratory protection program	<input type="checkbox"/>	30	
30	b. Appropriate respirator & cartridge used	<input type="checkbox"/>	30	

31	c. Respirators and cartridges stored properly	<input type="checkbox"/>	30	
Electrical Hazards / Fire Safety		✓ Action Needed	Days	Comments
32	Flexible cords not cracked / frayed, or run under doors, rugs, etc.	<input type="checkbox"/>	7	
33	Power strips plugged directly into an outlet (not daisy-chained together)	<input type="checkbox"/>	7	
34	No improvised electrical devices in use	<input type="checkbox"/>	7	
35	Circuit breaker panels unobstructed (30" clearance)	<input type="checkbox"/>	7	
36	Drying ovens are posted with safety procedures on front of the oven	<input type="checkbox"/>	7	
Chemical Storage				
37	Chemical Inventory (in EHS database) reflects actual storage in lab	<input type="checkbox"/>	30	
38	Containers clearly labeled with chemical name(s) and either HMIS or NFPA hazard rating	<input type="checkbox"/>	30	
39	Containers compatible with the chemical; Container integrity maintained	<input type="checkbox"/>	7	
40	Chemicals segregated to avoid incompatibilities	<input type="checkbox"/>	7	
41	Chemical's shelf-life not expired	<input type="checkbox"/>	7	
42	Containers kept closed except during transfers	<input type="checkbox"/>	7	
43	Secondary containers provided for storage of solvents and concentrated acids or bases	<input type="checkbox"/>	7	
44	Secondary containers used during transportation of all hazardous chemicals	<input type="checkbox"/>	7	
45	Secondary containers used during storage of all hazardous chemicals on the floor; No glass storage containers permitted on floor	<input type="checkbox"/>	7	
46	Chemical storage cabinets properly labeled	<input type="checkbox"/>	30	
47	Chemical storage shelves equipped with a restraint lip or other system	<input type="checkbox"/>	30	
48	Flammable and combustible liquids exceeding ten (10) gallons are stored inside an approved flammable storage cabinet.	<input type="checkbox"/>	30	
49	Refrigeration units approved for flammables storage	<input type="checkbox"/>	30	
50	Flammables separated from oxidizers	<input type="checkbox"/>	7	
51	Highly toxic gases stored in ventilated gas cabinet	<input type="checkbox"/>	30	
52	Limit storage in actively used fume hoods	<input type="checkbox"/>	7	
53	Gas cylinders secured with chain or nylon straps; caps on; tubing labeled	<input type="checkbox"/>	7	
Waste Storage				
54	Container labeled with "hazardous waste" designation, common chemical names, and concentration or percentage (%) of all constituents	<input type="checkbox"/>	7	
55	Containers sealed except during additions or removal	<input type="checkbox"/>	7	
56	Containers compatible with waste and in good condition	<input type="checkbox"/>	7	
57	Primary containers stored within secondary containment	<input type="checkbox"/>	7	
58	Sharps and bio-hazardous waste disposal appropriate	<input type="checkbox"/>	7	
59	Segregation / decontamination of potentially infectious wastes	<input type="checkbox"/>	7	
60	Drain disposal is safe and allowed per local limits	<input type="checkbox"/>	7	

Additional Recommendations / Observations: _____

Report sent to: PI, Lab Contact, Department Safety Coordinator & Chair. | Follow-up needed within: 7 days, 30 days, Special condition ____ days, Immediate | Actions Needed have been satisfied.