

Laboratory Safety Self-Inspection Checklist

Inspection Date:

Laboratory Name/Number:

Inspector(s):

Supervisor/PI:

General Safety

| Item | Yes | No | N/A | Comments |
|--|--------------------------|--------------------------|--------------------------|----------------------|
| Emergency exits are accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Fire extinguishers are available and inspected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| First aid kit is present and stocked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

Chemical Safety

| Item | Yes | No | N/A | Comments |
|---|--------------------------|--------------------------|--------------------------|----------------------|
| Chemical containers are clearly labeled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Chemicals are stored properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| MSDS/SDS are accessible for all chemicals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

Personal Protective Equipment (PPE)

| Item | Yes | No | N/A | Comments |
|--------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Lab coats are worn as required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Eye protection is available and used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

| | | | | |
|-----------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Gloves are available and suitable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
|-----------------------------------|--------------------------|--------------------------|--------------------------|----------------------|

Electrical Safety

| Item | Yes | No | N/A | Comments |
|---------------------------------------|--------------------------|--------------------------|--------------------------|----------------------|
| Cords and plugs are in good condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| No overloaded electrical outlets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Equipment is properly grounded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

Inspector Signature:

Supervisor Signature:

Date: