

Laboratory Hazard Assessment Checklist

Laboratory Name:

Location:

Principal Investigator/Supervisor:

Date of Assessment:

Assessor(s):

Hazard Category	Present? (Yes/No)	Description / Location	Control Measures	Corrective Action Needed
Chemical Hazards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biological Hazards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Hazards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radiation Hazards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Compressed Gases	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments / Other Observations:

Assessor Signature:

Supervisor Signature:
