

# Biosafety Cabinet Inspection Checklist

General Information	
Date of Inspection	<input type="text"/>
Location	<input type="text"/>
Cabinet Serial No.	<input type="text"/>
Inspected By	<input type="text"/>

Inspection Item	Status	Comments
Cabinet properly labeled	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
HEPA filter intact and within certification date	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Sash/Glass intact and functioning	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Lighting operational	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
UV lamp condition (if present)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="text"/>
Airflow alarm functional	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Cleanliness of work area	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Proper waste disposal containers present	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>
Cabinet free of clutter and unnecessary items	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="text"/>

Front grille clear of obstructions	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Annual certification label attached and current	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

<b>Additional Comments/Notes</b>