

Lab Cleanliness Self-Inspection Checklist

Date:

Inspected by:

Lab/Room:

Department:

Checklist

Item	Yes/No	Comments/Action Needed
Floors and work surfaces are clean	<input type="text"/>	<input type="text"/>
Trash is regularly removed	<input type="text"/>	<input type="text"/>
Chemicals are properly stored and labeled	<input type="text"/>	<input type="text"/>
Sinks and wash stations are clean and accessible	<input type="text"/>	<input type="text"/>
Safety equipment is unobstructed and functioning	<input type="text"/>	<input type="text"/>
Hazardous waste is labeled and properly disposed	<input type="text"/>	<input type="text"/>
Personal protective equipment is available and stored appropriately	<input type="text"/>	<input type="text"/>
Emergency exits are clearly marked and unobstructed	<input type="text"/>	<input type="text"/>

Additional Comments

Inspector's Name

Signature

Date