

Laboratory Hazard Assessment Checklist

Laboratory Name:

Room/Location:

Assessor Name:

Date:

Chemical Hazards

Hazard	Present	Controls in Place	Actions Required
Flammable Liquids	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Toxic Chemicals	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Corrosives	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Compressed Gases	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Physical Hazards

Hazard	Present	Controls in Place	Actions Required
Sharp Objects/Glassware	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Electrical Equipment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
High Temperature Equipment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pressurized Systems	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Biological Hazards

Hazard	Present	Controls in Place	Actions Required
Microorganisms	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Human/Animal Tissues	<input type="checkbox"/>		
Sharps (Biological Use)	<input type="checkbox"/>		

Other Hazards

Hazard	Present	Controls in Place	Actions Required
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Additional Notes