

Laboratory Experiment Observation Checklist

Experiment Title:

Date:

Observer(s):

Objective:

Observation Item	Yes	No	Comments
Lab Safety Equipment Used	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Proper Lab Attire Worn	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Materials Prepared	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Procedure Followed	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Accurate Data Recorded	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Clean-up Completed	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments:

Signature: