

Laboratory Inspection Checklist

Complete inspection **monthly** to ensure safe working conditions

Building + Room

Lab Name

Area Supervisor

Contact Number

Inspection Record:	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Workplace Condition Housekeeping, organization, labelling, etc.					
Facility Condition Benches, doors, sinks, cabinets, etc.					
Environment Condition Air quality, temperature, noise, etc.					
Emergency Response Evacuation posters, first aid kits, chemical spill kits, etc.					
Safety Equipment Testing of eyewash / shower; fire extinguisher					
Chemical / Biological / Radiation Safety Proper signage, storage and records of inventory					
Electrical Safety Proper use of outlets and condition of cords					
Condition of Storage Areas Organization, 46 cm clearance from ceiling, labelling, etc.					
Equipment / Tools / Instruments SOPs, evidence of proper care and maintenance, etc.					
Stepladders / Stools Proper stepladders / stools available for use					
Apparatus Condition Proper maintenance of hand-built lab apparatuses					
Glassware Condition Proper storage and condition; broken glass disposal available					
Condition of Fumehood or BSC Receiving function checks and yearly certification					
Lab Attire / Personal Protective Equipment Adherence to attire policy; proper use and storage of PPE					
Ergonomics / Material Handling Proper laboratory chairs, rolling carts available, etc.					
Other:					
Initialed by Inspector:					

Corrective Actions:

Date Noted	Deficiency / Issue	Corrective Action	Person Responsible for Corrective Action	Referred to LSC	Date Completed	Initialed
				☐ Yes ☐ No		
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