

LABORATORY SAFETY ASSESSMENT

| Environme | ental Health and Safety Office | Assessor: | Date: |
|-----------|--|---|-------------------------------|
| Lab Na | me | LSC: | |
| | Primary Room: | | |
| Last Asse | essment Rooms: | | |
| | | Last Assessment: | |
| | | Last Assessment. | |
| Assessm | ent Rooms: | | |
| INFOR | MATION AND TRAINI | NG | |
| YES NO | N/A | | |
| | A1. Applicable written pro | grams are available and accessible to La | aboratory Workers. |
| | A2a. Appropriate, current la | aboratory safety signage is posted near i | main laboratory entrance. |
| | A2b. Appropriate, current e near phones. | mergency information is posted near ma | ain laboratory entrance and |
| | A3. All laboratory workers | have completed applicable safety training | ng. |
| | | atory specific procedures and applicable | workers are trained on them. |
| | A5. Training records are i | | |
| | | ess Report and Supervisor's Accident Re | • |
| | A7. Chemical inventory is of the laboratory. | available, current, and stored near main | laboratory exit or outside |
| | • | Sheets are available and stored near ma | in laboratory exit or outside |
| | A9. Aware of Report Exec | online incident reporting system. | |
| COMMENT | S: | | |
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| | | | |
| | | | |
| GENE | RAL | | |
| YES NO | N/A | | |
| | B1. Sharps properly store | d and disposed. | |
| | _ | t high is seismically braced. | |
| | | "Non-potable Water" sign. | |
| | _ | or drink for human consumption in the la | b. |
| | ☐ B5. Work surfaces are cle | · | |
| | ☐ B6. Equipment guards in | place for protection against mechanical | hazards. |
| COMMENT | S: | | |
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SAFETY EQUIPMENT YES NO N/A C1. Eyewash and/or safety shower are available and unobstructed. C2a. Eyewash and/or safety shower are tested monthly. C2b. Eyewash is activated weekly and documented. C3. First aid kit available, properly stocked, and unobstructed. C4. Fire extinguisher is maintained and unobstructed. C5. Spill kit is available, properly stocked, and easily accessible. C6. Signage is posted indicating locations of fire extinguishers, eyewash, shower, fire blanket, and spill kit. COMMENTS: __ LOCAL EXHAUST VENTILATION (LEV) YES NO N/A D1. Fume hood certified annually. D2. LEV is properly used. D3. Fume hood sash is operational and used at proper height. D4. Storage of materials is minimized and baffles/exhaust points have adequate clearance. D5. LEV alarms are functioning properly. COMMENTS: _____ HAZARDOUS MATERIALS YES NO N/A E1. Less than 10 gallons of flammable liquids stored outside flammable cabinet(s). E2. Compressed gas cylinders are properly secured, stored, and used. E3. Mercury containing devices are NOT in use or stored. E4. Dangerously unstable chemicals (e.g. peroxide formers) are properly dated, stored, and tested or disposed prior to expiration date. E5. Containers are securely capped/closed.

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|--|------------|-----|------|--|
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