



## HAZARD ASSESSMENTS AND SAFETY INSPECTIONS

### Element 5

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#### I. PURPOSE

Work site hazard assessments and inspections are key activities in the prevention of accidents. Their purposes are to:

- ▶ identify existing and potential hazards
- ▶ increase awareness leading to the prevention of workplace accidents and illnesses
- ▶ ensure compliance with standards and regulations.

#### II. REQUIREMENTS

The WCB requires the XYZ Department to ensure that hazards to the safety and health of workers are identified and brought to management's attention. It is management's responsibility to ensure that the identified hazards are eliminated and, where this is not practicable, to ensure the hazards are controlled and that workers are protected from the hazards. To meet this requirement, the department conducts:

- ▶ hazard assessments prior to all new projects, jobs or processes, or the introduction of new equipment or hazardous materials
- ▶ regular workplace inspections.

The department will provide all necessary resources to ensure that hazard assessments and workplace inspections are effective. These include:

- ▶ hazard recognition and safety inspection training for inspectors
- ▶ time for inspectors to complete their duties
- ▶ established communication channels between inspectors, local safety committee and senior management
- ▶ quick action on recommended corrections.

All assessments and inspections are documented to demonstrate due diligence.

#### **Hazard Assessments/Job Analyses**

A hazard assessment or job safety analysis is recommended prior to the start of any new project, task or job. Its purpose is to anticipate, as much as is reasonable, any hazards or hazardous conditions that are inherent or could arise out of a new project, task or job. Once the hazards have been identified, the controls for eliminating or minimizing these hazards can then be determined and implemented. Hazard assessments should also be undertaken when major modifications are made to a project, task or job.

The preliminary hazard analysis checklist that is included on page 5-7 has been designed to anticipate any hazards that may be found in laboratory environments. A modified version of this form, or one designed to reflect the nature of the hazards found in other types of work, research and teaching environments may be used.

For assistance in developing a hazard assessment form or completing such an assessment, call Health, Safety and Environment at 822-2029.



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Ongoing supervisory and safety committee inspections are expected to identify hazards that developing during the new project, task or job.

### **Workplace Inspections**

The XYZ Department Inspection Program comprises of four types of inspections that are structured as follows:

#### Informal Workplace Inspections

All employees are expected to maintain continual awareness of hazards in their work areas. This is accomplished by supervisors conducting regular walk-throughs of their areas of authority and by workers checking their work areas prior to commencing work. No formal inspection report is required; however, any detected hazards must be corrected immediately if the task is within the employee's capabilities. If not, the hazard should be reported to the area supervisor or management for correction.

#### Formal Workplace Inspections

Work areas will be inspected monthly (preferably on the same day each month) by the area supervisor or a designate. Each supervisor in conjunction with the DSPA will develop a site specific inspection checklist. The inspection checklists will be completed for each inspection and each supervisor must regularly review and update his/her checklist as required. The completed reports shall be forwarded to the DSPA on a quarterly basis for review. The DSPA will provide summaries for the head and the Local Safety Committee to review. The area supervisor must ensure that corrective action is taken so that the hazard is eliminated or controlled.

#### Safety Committee Inspections

Safety Committee Inspections are workplace Inspections that are conducted by Local Safety Committee members (LSCM) at least annually. An Inspection Report is completed and copies sent to the supervisor of the inspected area, the DSPA and the Safety Committee for review. The area supervisor must ensure that corrective action is taken so that the hazard is eliminated or controlled.

#### Special Inspections

Special inspections take place immediately after a malfunction, accident or after a new work procedure or machinery is introduced. The area supervisor and a worker representative (preferably a safety committee member) conduct this type of inspection. An Inspection Report must be completed and distributed to the DSPA and local safety committee for review. In addition, an Accident Investigation may be required for certain accidents (see Accident Investigation section of the manual). The area supervisor must ensure that any existing unsafe condition is effectively controlled before commencing an inspection or investigation.



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The department supervisors and employees responsible for conducting inspections are:

| NAME AND TITLE                          | AREA | DATE OR FREQUENCY OF INSPECTION |
|---|------|---------------------------------|
| <i>Identify all assigned inspectors</i> |      |                                 |

### III. ACTIONS

#### Deans, Directors and Administrative Heads of Unit:

- ▶ Assign responsibility for the development, implementation and maintenance of the Inspection Program.
- ▶ Communicate action plans and management decisions throughout their respective organization.
- ▶ Monitor the Inspection Program for compliance with WCB and internal requirements.
- ▶ Provide inspectors with the necessary tools and resources to function effectively.

#### Departmental Safety Program Administrator:

- ▶ Ensure the Inspection Program is functioning as required.
- ▶ Monitor the Inspection Program for compliance with WCB and internal requirements.
- ▶ Review inspection reports and provide summaries to management and Safety Committee.
- ▶ Communicate recommendations to management.
- ▶ Communicate action plans and management decisions throughout their respective organization.

#### Supervisors (Faculty, Managers, Principle Investigators, Technicians, Supervisors, etc.):

- ▶ Develop, implement and maintain the hazard assessment and inspection programs.
- ▶ Conduct required workplace inspections.
- ▶ Conduct special inspections and accident investigations when required.
- ▶ Complete and maintain proper inspection records.
- ▶ Forward copies of inspection reports to the DSPA for review.
- ▶ Communicate recommendations to the DSPA.
- ▶ Communicate information and management decisions throughout their respective organizations.
- ▶ Correct unsafe conditions or practices or ensure the hazard is controlled until corrective action can be taken.

#### Local Safety Committee Members:

- ▶ Conduct annual Safety Committee Inspections.
- ▶ Forward copies of Safety Committee Inspection Reports to area supervisors and the DSPA for review.
- ▶ Review inspection reports.
- ▶ Communicate committee recommendations to the DSPA.
- ▶ Follow up on suggestions or concerns made.
- ▶ Conduct special inspections and accident investigations when required.



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### Workers and Students:

- Conduct informal daily inspections of their own work area.
- Report all hazards to the immediate supervisor.
- Participate, when required, in scheduled workplace inspections and accident investigations.

### **IV. REFERENCES**

Due Diligence, page x  
Local Safety Committee, page 3-1  
Hazard Assessment Procedure, page 5-5  
Preliminary Hazard Analysis Checklist, page 5-7  
Inspection Procedure, page 5-8  
Laboratory Inspection Checklists, page 5-10  
Office Areas Inspection Checklists, page 5-18  
Accident Investigations, page 6-1

### **V. AUTHORITIES**

WCB Regulation, parts 3.4 (b), 3.6(2)(a), 3.15 to 3.19  
UBC Policy #7 Safety



## HAZARD ASSESSMENT PROCEDURE

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*INSERT DEPARTMENT HAZARD ASSESSMENT PROCEDURE HERE.*



## HAZARD ASSESSMENT PROCEDURE

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*INSERT DEPARTMENT HAZARD ASSESSMENT PROCEDURE HERE.*



## PRELIMINARY HAZARD ANALYSIS CHECKLIST

| Item  | √ | To Be Done |
|---|---|------------|
| Literature search   |   |            |
| List possible reactions and side reactions. Are substitutions possible?   |   |            |
| Obtain MSDS Sheets.<br>Review the characteristics of all reactants, intermediates and product   |   |            |
| What are the toxic characteristics?<br>What protective measures are required?   |   |            |
| Know first aid procedures for exposure to chemicals, burns, cuts, etc.  |   |            |
| Does work involve radiation, noise, biological or chemical air contaminants?  |   |            |
| Amount of material/energy involved?<br>How violent may the reaction be?<br>Determine quantity and rate of evolution of heat and gases.  |   |            |
| Does material decompose and if so, how rapidly, and to what?  |   |            |
| Is the material impact sensitive?   |   |            |
| What is its stability on storage to cold, heat, light, water, metals, etc.?   |   |            |
| What are effects of catalysts, inhibitors, or contaminants on the reactions?  |   |            |
| Will water or air affect the reaction?  |   |            |
| Can mischarge or wrong addition order affect the reaction?  |   |            |
| Are incompatible chemicals involved or likely to be generated?  |   |            |
| Will work require special precautions to prevent odour problems, air pollution, or sewer contamination?   |   |            |
| How should wastes be safely handled?  |   |            |
| Does equipment fit safely into area allocated?<br>Is isolation, shielding, pressure relief, ventilation, redundant controls, automatic shutdown, etc. required?   |   |            |
| What would happen and what should be done if:<br>-Electric power fails?<br>-Cooling or heating system fails?<br>-Automatic controls or equipment air fails?<br>-Ventilation fails?<br>-Pressure gets out of hand?<br>-Water or air leaks into system?<br>-Material or reaction container falls and breaks or spills contents? |   |            |
| Have personnel who may be involved been notified of any special hazards?  |   |            |
| Can all parts of the system be vented before breaking any lines?  |   |            |



## INSPECTION PROCEDURES

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### Pre-Inspection

1. Review the previous Inspection Checklist to determine items that require special attention.
2. Obtain a blank copy of the Inspection Checklist form for the area being inspected.

### Inspection

3. Using the previous inspection checklist, ensure that previous deficiencies have been either corrected or controlled so as to minimize the hazards to employees. Where the items have NOT been corrected or controlled, mark and highlight these items on the current Inspection Checklist.
4. Using the Inspection Checklist as a guide, complete a thorough inspection of the area selected. Do not only look for items on the checklist. Also consider unsafe conditions and tasks, as well as violations of the WCB and internal requirements.
5. As each item is inspected, indicate on the Inspection Checklist:
  - ▶ Yes if the item is safe
  - ▶ No if the item requires correction.
  - ▶ N/A if the item is not applicable to the area.
6. For items that are checked NO, record the location, concern and corrective action required in the comment sections. Use the back of the page if more space is required.

### Post-Inspection

7. Review the Inspection Checklist and ensure that the information recorded is complete.
8. Correct any unsafe condition or act if possible. On the Inspection Checklist, date and initial any item that has been corrected. Make sure temporary safety measures are taken whenever permanent or complete correction will require additional time. For items that require a major expenditure, write an explanation of the hazard and include the potential impact of an accident.
9. Return the previous Inspection Checklist to where it was obtained.
10. Send a copy of the current Inspection Checklist to the Departmental Safety Program Administrator for review and distribution. If the inspection is a Supervisory Inspection, a copy of the checklist should also be sent to the Local Safety Committee for review. For Safety Committee Inspections, a copy of the checklist should be sent to supervisors of the areas inspected for review.
11. Post a copy of the Inspection Checklist in the area inspected.



## INSPECTION PROCEDURES

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### **Inspection Follow-Up**

12. For all deficiencies, ensure corrective action or control has been taken.
13. Be persistent and regularly follow-up on items that require corrective action. Consult the Departmental Safety Program Administrator when necessary.
14. Periodically review corrective actions or control methods.
15. Ensure all completed checklists are properly posted, distributed and filed.



# LABORATORY INSPECTION CHECKLIST

Laboratory Supervisor: \_\_\_\_\_  
 Inspected By: \_\_\_\_\_

Room Number: \_\_\_\_\_  
 Date: \_\_\_\_\_

The following inspection report identifies deficiencies found by the inspection team.

| ITEM   | YES                      | NO                       | NA                       | COMMENTS |
|--|--------------------------|--------------------------|--------------------------|----------|
| <b>A. EMERGENCY and INFORMATION MATERIAL</b>       |                          |                          |                          |          |
| 1. Emergency procedures posted and legible         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| ■ fire, spills, injuries, earthquake               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 2. MSDS information posted                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 3. Chemical Safety Manual available                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 4. Chemical inventory current (<1 year)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 5. Monthly inspections posted and up-to-date       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 6. Shower available and accessible                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 7. Eyewash available and accessible                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 8. Eye wash tested regularly (minimum, bi-weekly)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 9. Fire extinguisher present and accessible        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 10. Fire extinguisher seal intact; date tested     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 11. Spill kit available and stocked.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| <b>B. FIRST AID</b>                                |                          |                          |                          |          |
| 12. First aid kit available and stocked            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| ■ inventory list available                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 13. Treatment record sheet available and used      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| <b>C. PERSONAL PROTECTION</b>                      |                          |                          |                          |          |
| 14. Safety glasses available and worn              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 15. Laboratory coats and gloves available and worn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 16. No bare legs                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 17. Substantial footwear worn                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 18. Facial shield available and in good condition  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 19. Blast shield available and in good condition   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 20. Respirator(s) available                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 21. Respirator user(s) trained & fit-tested        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 22. Vacuum ballasts/Dewar flasks taped or meshed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| <b>D. HOUSEKEEPING</b>                             |                          |                          |                          |          |
| 23. Bench tops and sink areas tidy                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 24. Tripping hazards absent, passageways clear     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 25. Laboratory exits clear and doors unlocked      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 26. Food and drink absent                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 27. Chipped or broken glassware not in use         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |



# LABORATORY INSPECTION CHECKLIST

Room Number: \_\_\_\_\_

| ITEM   | YES                      | NO                       | NA                       | COMMENTS |
|--|--------------------------|--------------------------|--------------------------|----------|
| 28. Friable asbestos absent  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 29. Step-ladder available for out-of-reach items   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 30. "No Eating/Drinking/Smoking" signs posted  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| <b>E. WASTE CONTAINERS</b>   |                          |                          |                          |          |
| 31. "Glass" refuse containers labelled   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 32. "Glass" segregated from general refuse   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 33. Needles and sharps in "Sharps" container   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 34. Bulk solvent-waste containers closed and labelled  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| ■ chlorinated and non-chlorinated segregated   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 35. Bulk solvent-waste containers stored in flammable storage cabinet  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 36. Recyclable solvents segregated   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 37. Interim solvent waste containers closed and <1 litre   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 38. Ethidium bromide waste segregated  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 39. Radioactive waste labelled appropriately   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 40. Microbiological waste packaged in orange bags and autoclaved;  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| ■ manifest tag completed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 41. Pathological waste packaged in black bags  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| ■ manifest tag completed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 42. Risk group "4" animal waste, human anatomical, and human blood and body fluids packaged in yellow bags and autoclaved. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| ■ manifest tag completed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| ■ stored in freezer  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 43. Photographic chemical waste procedures followed.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 44. Are you aware of UBC's Chemical Exchange Program?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| <b>F. COMPRESSED GAS CYLINDERS</b>   |                          |                          |                          |          |
| 45. Secured to wall or bench with belt or chain  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 46. Lecture bottles stored upright or slanted/secure   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| <b>G. FUME HOODS</b>   |                          |                          |                          |          |
| 47. Sash at recommended height and air flow on   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 48. Area within and under hood tidy  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 49. Carcinogens permitted  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| <b>H. ELECTRICAL APPARATUS</b>   |                          |                          |                          |          |
| 50. Vacuum pumps stored safely and belts guarded   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 51. Refrigerator spark-proof (or " <b>NO Flammables</b> ") sign posted & flammables are absent)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |



## LABORATORY INSPECTION CHECKLIST

Room Number: \_\_\_\_\_

| ITEM   | YES                      | NO                       | NA                       | COMMENTS |
|--|--------------------------|--------------------------|--------------------------|----------|
| 52. Frayed or cracked electrical cords absent  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 53. Make-shift wiring absent   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| <b>I. RUBBER OR PLASTIC TUBING</b>   |                          |                          |                          |          |
| 54. Cracked/brittle/pinched tubing absent  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 55. Water hoses wired at all connectors  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 56. Water taps safeguarded against "suck-back"<br>(or " <b>NO TUBING</b> " sign posted)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| <b>J. CHEMICAL LABORATORIES</b>  |                          |                          |                          |          |
| 57. Solvent storage cabinet available and closed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 58. Solvent containers closed and labelled   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 59. Solvent containers <b>outside</b> safety cabinet, < 25 L                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 60. Solvent-still contents labelled  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 61. Reagent chemicals stored securely<br>(lips on shelves or doors on cupboards)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 62. Chemical containers intact.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 63. Ethers stored (& used) out of direct sunlight  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 64. Ether containers display opening date  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 65. Peroxide-forming chemicals (e.g. ethers)<br>checked for peroxides (3 to 12 months)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 66. Labels compliant with WHMIS  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 67. Chemical labels intact, legible, not overwritten                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 68. Cleaning baths labelled  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 69. Carcinogens/Corrosives/Flammables labelled   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 70. Incompatible materials separated   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 71. Perchloric acid absent/used in special wash-down<br>fume hood                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| <b>K. RADIATION/LASER LABORATORIES</b>   |                          |                          |                          |          |
| 72. "Caution Radiation Area" sticker on door   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 73. Laser or X-ray warning signs on door   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 74. Names of two current lab personnel<br>on emergency sticker                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 75. "Caution Radioactive Materials"<br>on isotope storage (i.e. refrigerator/freezer)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 76. "Rules for Working with Radioisotopes<br>an Intermediate/Basic Laboratory" sign posted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |



# LABORATORY INSPECTION CHECKLIST

Room Number: \_\_\_\_\_

| ITEM  | YES                      | NO                       | NA                       | COMMENTS |
|---|--------------------------|--------------------------|--------------------------|----------|
| 77. "Hot sinks" marked with radiation tape        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 78. Radioisotope license and amendments posted    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 79. Dosimeters worn                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 80. Bench liner not damaged or worn               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 81. Contamination Control Documented (Wipe tests) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 82. Purchase, Usage Disposal Records Maintained   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 83. Charged Survey Meter Battery                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 84. Appropriate personal protection used          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |

### L. BIOHAZARDOUS LABORATORIES

|   |                          |                          |                          |       |
|---|--------------------------|--------------------------|--------------------------|-------|
| 85. Biological hazard signs posted            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 86. Biological safety cabinets certified      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 87. Biological safety cabinets clean and tidy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

PLEASE ENSURE THAT CORRECTIONS ARE MADE BY : \_\_\_\_\_

*Date*

Supervisor: \_\_\_\_\_

*(Please sign after violations have been acted upon)*

**UPON CORRECTION OF VIOLATIONS, PLEASE RETURN TO THE DEPARTMENTAL SAFETY PROGRAM ADMINISTRATOR**

## LABORATORY MONTHLY SAFETY CHECKLIST FOR ROOM \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Designate's Name (where appropriate): \_\_\_\_\_

Due Date/Time for Monthly Inspection: \_\_\_\_\_

To ensure that this lab is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

| Item   | January |    |              | February |    |              | March |    |              |
|--|---------|----|--------------|----------|----|--------------|-------|----|--------------|
|  | Yes     | No | Action Taken | Yes      | No | Action Taken | Yes   | No | Action Taken |
| 1. Personal protective equipment available and used.             |         |    |              |          |    |              |       |    |              |
| 2. Good housekeeping; food and drink absent.                     |         |    |              |          |    |              |       |    |              |
| 3. Aisles and doorway clear and free of tripping hazards.        |         |    |              |          |    |              |       |    |              |
| 4. Water hoses wired or clamped; gas cylinders clamped.          |         |    |              |          |    |              |       |    |              |
| 5. Fume hoods neat and functioning.                              |         |    |              |          |    |              |       |    |              |
| 6. Flammable solvents < 50 L in open lab.                        |         |    |              |          |    |              |       |    |              |
| 7. Peroxidizable compounds dated upon opening and tested .       |         |    |              |          |    |              |       |    |              |
| 8. Chemicals; labels clear and legible; incompatibles separated. |         |    |              |          |    |              |       |    |              |
| 9. Free of electrical hazards                                    |         |    |              |          |    |              |       |    |              |
| 10. Showers, eye washes: accessible                              |         |    |              |          |    |              |       |    |              |
| 11. Sink traps, eye wash fountains flushed weekly.               |         |    |              |          |    |              |       |    |              |
| Checked (√) by (initials)  |         |    |              |          |    |              |       |    |              |

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is \_\_\_\_\_).

# LABORATORY MONTHLY SAFETY CHECKLIST FOR ROOM \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Designate's Name (where appropriate): \_\_\_\_\_

Due Date/Time for Monthly Inspection: \_\_\_\_\_

To ensure that this lab is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

| Item   | April |    |              | May |    |              | June |    |              |
|--|-------|----|--------------|-----|----|--------------|------|----|--------------|
|  | Yes   | No | Action Taken | Yes | No | Action Taken | Yes  | No | Action Taken |
| 1. Personal protective equipment available and used.             |       |    |              |     |    |              |      |    |              |
| 2. Good housekeeping; food and drink absent.                     |       |    |              |     |    |              |      |    |              |
| 3. Aisles and doorway clear and free of tripping hazards.        |       |    |              |     |    |              |      |    |              |
| 4. Water hoses wired or clamped; gas cylinders clamped.          |       |    |              |     |    |              |      |    |              |
| 5. Fume hoods neat and functioning.                              |       |    |              |     |    |              |      |    |              |
| 6. Flammable solvents < 50 L in open lab.                        |       |    |              |     |    |              |      |    |              |
| 7. Peroxidizable compounds dated upon opening and tested .       |       |    |              |     |    |              |      |    |              |
| 8. Chemicals; labels clear and legible; incompatibles separated. |       |    |              |     |    |              |      |    |              |
| 9. Free of electrical hazards                                    |       |    |              |     |    |              |      |    |              |
| 10. Showers, eye washes: accessible                              |       |    |              |     |    |              |      |    |              |
| 11. Sink traps, eye wash fountains flushed weekly.               |       |    |              |     |    |              |      |    |              |
| Checked (√) by (initials)  |       |    |              |     |    |              |      |    |              |

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is \_\_\_\_\_).

# LABORATORY MONTHLY SAFETY CHECKLIST FOR ROOM \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Designate's Name (where appropriate): \_\_\_\_\_

Due Date/Time for Monthly Inspection: \_\_\_\_\_

To ensure that this lab is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

| Item   | July |    |              | August |    |              | September |    |              |
|--|------|----|--------------|--------|----|--------------|-----------|----|--------------|
|  | Yes  | No | Action Taken | Yes    | No | Action Taken | Yes       | No | Action Taken |
| 1. Personal protective equipment available and used.             |      |    |              |        |    |              |           |    |              |
| 2. Good housekeeping; food and drink absent.                     |      |    |              |        |    |              |           |    |              |
| 3. Aisles and doorway clear and free of tripping hazards.        |      |    |              |        |    |              |           |    |              |
| 4. Water hoses wired or clamped; gas cylinders clamped.          |      |    |              |        |    |              |           |    |              |
| 5. Fume hoods neat and functioning.                              |      |    |              |        |    |              |           |    |              |
| 6. Flammable solvents < 50 L in open lab.                        |      |    |              |        |    |              |           |    |              |
| 7. Peroxidizable compounds dated upon opening and tested .       |      |    |              |        |    |              |           |    |              |
| 8. Chemicals; labels clear and legible; incompatibles separated. |      |    |              |        |    |              |           |    |              |
| 9. Free of electrical hazards                                    |      |    |              |        |    |              |           |    |              |
| 10. Showers, eye washes: accessible                              |      |    |              |        |    |              |           |    |              |
| 11. Sink traps, eye wash fountains flushed weekly.               |      |    |              |        |    |              |           |    |              |
| Checked (√) by (initials)  |      |    |              |        |    |              |           |    |              |

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is \_\_\_\_\_).

# LABORATORY MONTHLY SAFETY CHECKLIST FOR ROOM \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Designate's Name (where appropriate): \_\_\_\_\_

Due Date/Time for Monthly Inspection: \_\_\_\_\_

To ensure that this lab is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

| Item   | October |    |              | November |    |              | December |    |              |
|--|---------|----|--------------|----------|----|--------------|----------|----|--------------|
|  | Yes     | No | Action Taken | Yes      | No | Action Taken | Yes      | No | Action Taken |
| 1. Personal protective equipment available and used.             |         |    |              |          |    |              |          |    |              |
| 2. Good housekeeping; food and drink absent.                     |         |    |              |          |    |              |          |    |              |
| 3. Aisles and doorway clear and free of tripping hazards.        |         |    |              |          |    |              |          |    |              |
| 4. Water hoses wired or clamped; gas cylinders clamped.          |         |    |              |          |    |              |          |    |              |
| 5. Fume hoods neat and functioning.                              |         |    |              |          |    |              |          |    |              |
| 6. Flammable solvents < 50 L in open lab.                        |         |    |              |          |    |              |          |    |              |
| 7. Peroxidizable compounds dated upon opening and tested .       |         |    |              |          |    |              |          |    |              |
| 8. Chemicals; labels clear and legible; incompatibles separated. |         |    |              |          |    |              |          |    |              |
| 9. Free of electrical hazards                                    |         |    |              |          |    |              |          |    |              |
| 10. Showers, eye washes: accessible                              |         |    |              |          |    |              |          |    |              |
| 11. Sink traps, eye wash fountains flushed weekly.               |         |    |              |          |    |              |          |    |              |
| Checked (√) by (initials)  |         |    |              |          |    |              |          |    |              |

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is \_\_\_\_\_).



## OFFICE AREA INSPECTION CHECKLIST

| Item  | Yes | No | Comments |
|---|-----|----|----------|
| <b>OFFICE FURNITURE AND EQUIPMENT</b>   |     |    |          |
| Lighting adequate<br>- office<br>- aisles<br>- walkways/stairways<br>- storage areas  |     |    |          |
| Lighting fixtures intact  |     |    |          |
| Ventilation: all work spaces ventilated through supply air outlets or operable windows<br>Photocopy machines located in ventilated spaces or large open areas |     |    |          |
| Adequate wall and telephone outlets   |     |    |          |
| Desks and file drawers not opened into aisles or walkways.  |     |    |          |
| Desk and file drawers not left open   |     |    |          |
| File cabinets: heavy items in bottom drawers  |     |    |          |
| No more than one file drawer can be opened at any time.   |     |    |          |
| File cabinets and shelving units bolted together, or to the floor or wall.  |     |    |          |
| Faulty or broken desks, chairs, or other office equipment not in use  |     |    |          |
| Only authorized persons permitted to operate office equipment.  |     |    |          |
| Maintenance and repairs done by designated, trained personnel   |     |    |          |
| <b>AISLES and FLOORS</b>  |     |    |          |
| Aisle widths adequate for two-way traffic   |     |    |          |
| Access to all parts of the office and building unobstructed   |     |    |          |
| No tripping hazards in aisles   |     |    |          |
| Floors kept clear of pencils, bottles, and other loose objects  |     |    |          |
| Floor free from holes, loose boards, splinters, or floor depressions  |     |    |          |
| Polished Floor surfaces treated or covered with slip-resistant preparations   |     |    |          |
| Carpeting not torn, badly worn, or with curled edges  |     |    |          |
| <b>STAIRS</b>   |     |    |          |
| Doors opening onto one or more steps are posted with prominent caution signs.   |     |    |          |
| Stairways provided with suitable handrails, and free of worn stair treads   |     |    |          |
| Running on stairs, corridors, or elsewhere halls is prohibited  |     |    |          |



## OFFICE AREA INSPECTION CHECKLIST

| Item   | Yes | No | Comments |
|--|-----|----|----------|
| <b>ELECTRICAL EQUIPMENT</b>  |     |    |          |
| All electric fans protected with guards of not over half inch mesh   |     |    |          |
| Worn electrical cords or plugs, and loose outlet plates or connections are absent.   |     |    |          |
| Exposed metal parts of electrical office machines or appliances are electrically grounded.   |     |    |          |
| Light fixtures or fixture parts are securely hung.   |     |    |          |
| Extension cords are not run over radiators, steam pipes, through doorways, under rugs or across walkways.  |     |    |          |
| <b>MISCELLANEOUS</b>   |     |    |          |
| No smoking in the workplace  |     |    |          |
| Windows easy to open   |     |    |          |
| Stable ladders are readily available for reaching materials on high shelves, and are kept in safe, serviceable condition   |     |    |          |
| Materials are not stacked to unstable heights.   |     |    |          |
| Heavy materials are stored at waist height or lower; all materials are stored safely and without crowding on shelves. No materials hanging over edges of shelves           |     |    |          |
| Housekeeping: work surfaces are clear of extraneous materials that could affect ability to do work safely and comfortably.   |     |    |          |
| Employees have been instructed in safe lifting procedures.   |     |    |          |
| Throwing paper clips, shooting rubber bands, throwing objects out of windows, and other horseplay is not allowed.  |     |    |          |
| Only non-toxic cleaning materials are used.  |     |    |          |
| Fire and emergency evacuation plans are posted in appropriate areas.   |     |    |          |
| Employees are aware of nearest emergency exit.   |     |    |          |
| Employees know the fire and ambulance phone numbers.   |     |    |          |
| Employees know the first aid phone number.   |     |    |          |
| <b>VISUAL DISPLAY TERMINALS</b>  |     |    |          |
| Chairs are adjusted to accommodate the VDT operator.   |     |    |          |
| Chair back supports are set to provide firm back support.  |     |    |          |
| Keyboards are placed on a surface approximately 65 - 69 cm. above floor.   |     |    |          |
| VDT Screens are adjusted to eliminate reflected glare of light fixtures and windows on the screen and located so that the operator is not required to face sunlit windows. |     |    |          |
| Document holders and adequate workspace are provided.  |     |    |          |

**OFFICE MONTHLY SAFETY CHECKLIST FOR ROOM \_\_\_\_\_**

**Supervisor's Name:** \_\_\_\_\_  
**Designate's Name (where appropriate):** \_\_\_\_\_  
**Due Date/Time for Monthly Inspection:** \_\_\_\_\_

To ensure that this office is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

| Item   | January |    |              | February |    |              | March |    |              |
|--|---------|----|--------------|----------|----|--------------|-------|----|--------------|
|  | Yes     | No | Action Taken | Yes      | No | Action Taken | Yes   | No | Action Taken |
| <b>12. Good housekeeping</b>   |         |    |              |          |    |              |       |    |              |
| <b>13. Aisles and exit doorways clear.</b>   |         |    |              |          |    |              |       |    |              |
| <b>14. Adequate lighting</b>   |         |    |              |          |    |              |       |    |              |
| <b>15. Adequate ventilation</b>  |         |    |              |          |    |              |       |    |              |
| <b>16. Drawers kept closed</b>   |         |    |              |          |    |              |       |    |              |
| <b>17. Computer Workstations</b><br>- adjustable furniture<br>- properly adjusted for user |         |    |              |          |    |              |       |    |              |
| <b>18. Free of tripping hazards</b>  |         |    |              |          |    |              |       |    |              |
| <b>19. Free of electrical hazards</b>  |         |    |              |          |    |              |       |    |              |
| <b>Checked (√) by (initials)</b>   |         |    |              |          |    |              |       |    |              |

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is \_\_\_\_\_).

**OFFICE MONTHLY SAFETY CHECKLIST FOR ROOM \_\_\_\_\_**

Supervisor's Name: \_\_\_\_\_

Designate's Name (where appropriate): \_\_\_\_\_

Due Date/Time for Monthly Inspection: \_\_\_\_\_

To ensure that this office is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

| Item   | April |    |              | May |    |              | June |    |              |
|--|-------|----|--------------|-----|----|--------------|------|----|--------------|
|  | Yes   | No | Action Taken | Yes | No | Action Taken | Yes  | No | Action Taken |
| 1. Good housekeeping   |       |    |              |     |    |              |      |    |              |
| 2. Aisles and exit doorways clear.   |       |    |              |     |    |              |      |    |              |
| 3. Adequate lighting   |       |    |              |     |    |              |      |    |              |
| 4. Adequate ventilation  |       |    |              |     |    |              |      |    |              |
| 5. Drawers kept closed   |       |    |              |     |    |              |      |    |              |
| 6. Computer Workstations<br>- adjustable furniture<br>- properly adjusted for user |       |    |              |     |    |              |      |    |              |
| 7. Free of tripping hazards  |       |    |              |     |    |              |      |    |              |
| 8. Free of electrical hazards  |       |    |              |     |    |              |      |    |              |
| Checked (√) by (initials)  |       |    |              |     |    |              |      |    |              |

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is \_\_\_\_\_).

**LABORATORY MONTHLY SAFETY CHECKLIST FOR ROOM \_\_\_\_\_**

**OFFICE MONTHLY SAFETY CHECKLIST FOR ROOM \_\_\_\_\_**

Supervisor's Name: \_\_\_\_\_

Designate's Name (where appropriate): \_\_\_\_\_

Due Date/Time for Monthly Inspection: \_\_\_\_\_

To ensure that this office is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

| Item   | July |    |              | August |    |              | September |    |              |
|--|------|----|--------------|--------|----|--------------|-----------|----|--------------|
|  | Yes  | No | Action Taken | Yes    | No | Action Taken | Yes       | No | Action Taken |
| 1. Good housekeeping   |      |    |              |        |    |              |           |    |              |
| 2. Aisles and exit doorways clear.   |      |    |              |        |    |              |           |    |              |
| 3. Adequate lighting   |      |    |              |        |    |              |           |    |              |
| 4. Adequate ventilation  |      |    |              |        |    |              |           |    |              |
| 5. Drawers kept closed   |      |    |              |        |    |              |           |    |              |
| 6. Computer Workstations<br>- adjustable furniture<br>- properly adjusted for user |      |    |              |        |    |              |           |    |              |
| 7. Free of tripping hazards  |      |    |              |        |    |              |           |    |              |
| 8. Free of electrical hazards  |      |    |              |        |    |              |           |    |              |
| Checked (√) by (initials)  |      |    |              |        |    |              |           |    |              |

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is \_\_\_\_\_).

**OFFICE MONTHLY SAFETY CHECKLIST FOR ROOM \_\_\_\_\_**

Supervisor's Name: \_\_\_\_\_

Designate's Name (where appropriate): \_\_\_\_\_

Due Date/Time for Monthly Inspection: \_\_\_\_\_

To ensure that this office is always a safe workplace, it is a requirement to check the following items on this list at least once every month.

| Item   | October |    |              | November |    |              | December |    |              |
|--|---------|----|--------------|----------|----|--------------|----------|----|--------------|
|  | Yes     | No | Action Taken | Yes      | No | Action Taken | Yes      | No | Action Taken |
| 1. Good housekeeping   |         |    |              |          |    |              |          |    |              |
| 2. Aisles and exit doorways clear.   |         |    |              |          |    |              |          |    |              |
| 3. Adequate lighting   |         |    |              |          |    |              |          |    |              |
| 4. Adequate ventilation  |         |    |              |          |    |              |          |    |              |
| 5. Drawers kept closed   |         |    |              |          |    |              |          |    |              |
| 6. Computer Workstations<br>- adjustable furniture<br>- properly adjusted for user |         |    |              |          |    |              |          |    |              |
| 7. Free of tripping hazards  |         |    |              |          |    |              |          |    |              |
| 8. Free of electrical hazards  |         |    |              |          |    |              |          |    |              |
| Checked (√) by (initials)  |         |    |              |          |    |              |          |    |              |

When this form has been completed, return to your Departmental Safety Program Administrator (DSPA is \_\_\_\_\_).