

LABORATORY MONTHLY SAFETY CHECKLIST FOR ROOM _____

Supervisors name _____

Designates name (if appropriate) _____

Due Date/Time for monthly inspection _____

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

Month:									
Item	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 never present.									
3. Aisles and doorways clear and free of tripping hazards									
4. Water hoses wired or clamped; gas cylinders clamped									
5. Fume hoods neat and functioning									
6. There is less than 25 L of flammables out in the open lab (not stored in flammable cupboards)									
7. Peroxidizable compounds dated upon opening and tested									
8. Chemicals: labels clear and legible; incompatibles separated.									
9. Free of electrical hazards									
10. Showers, eye wash stations accessible									
11. Sink traps, eye wash fountains flushed weekly.									
Checked by (initials)									

When this form is completed, return to Helen Dyck .