

Building Name: _____ Room(s): _____ Principal Investigator: _____
 Date of Inspection: _____ Auditor Name: _____

Mark each item as Y, N, NA as

appropriate. Documentation & Training

Y/N/NA	
	Lab entrance signs with current contacts and emergency numbers posted
	Davidson Chemical Hygiene Plan accessible and up to date
	Other required manuals accessible and up-to-date
	Chemical Inventory has undergone annual review/update
	Lab personnel know where and how to obtain Safety Data Sheets (SDS)
	Specialized training (Bloodborne Pathogen, BSL-2, Laser, Formaldehyde) as needed
	Lab specific policies (Working Alone, Standard Operating Procedures, etc.)

Emergency Equipment

Y/N/NA	
	Fire Extinguisher (FE) available
	FE unobstructed and located at designated location (40" top)
	FE has annual inspection, sealed and charged
	Appropriate FE for fire hazard (Class A, B, C, or D)
	Safety Shower (SS) present (within 75 feet or 10 second travel)
	SS unobstructed
	SS checked/tested by Physical Plant
	Eye Wash (EW) present (within 75 feet or 10 second travel)
	EW Unobstructed
	EW Checked/tested by Physical Plant routinely (verify work requests)
	Spill kit available and lab personnel are trained in spill clean-up procedures

Personal Protective Equipment (PPE)

Y,N,NA	
	PPE (eyewear, gloves, lab coats) available and used in lab
	Proper eye protection use (safety glasses/goggles/face shield)
	Visitor glasses readily available (if visitors permitted)
	Proper chemical resistant/heat resistant/cryogenic gloves
	Long pants and closed toe shoes (no open toe shoes) worn