

APPENDIX N

LABORATORY ENVIRONMENTAL AUDIT FORM

Department:	Faculty Member:	Date:
Building:	Room #:	Phone #:
Fire Protection (Yes/No)	Electrical (Yes/No)	Biological Safety (Yes/No)
<input type="checkbox"/> Easy extinguisher access? <input type="checkbox"/> Inspection current? How many of each? Dry Chem ___ Halon ___ CO2 ___ APW ___	<input type="checkbox"/> Absence of overloaded circuits? <input type="checkbox"/> Electrical cords in good condition? <input type="checkbox"/> Proper grounding? <input type="checkbox"/> Absence of extension cords?	<input type="checkbox"/> Absence of live animals? <input type="checkbox"/> Are the workers trained? <input type="checkbox"/> Is PPE adequate? <input type="checkbox"/> Are there BioSafety cabinets?
First Aid (Yes/No)	Eye Wash Stations (Yes/No)	Safety Showers (Yes/No)
<input type="checkbox"/> Is the stock adequate? <input type="checkbox"/> Labeled? <input type="checkbox"/> Easy access? <input type="checkbox"/> Are the procedures posted?	<input type="checkbox"/> Proper location? <input type="checkbox"/> Inspected and tested? <input type="checkbox"/> Plumbed system? <input type="checkbox"/> Labeled?	<input type="checkbox"/> Proper location? <input type="checkbox"/> Tested and sealed? <input type="checkbox"/> Workable? <input type="checkbox"/> Labeled?
Staff Summary (+/-)	Hazard Communications (Yes/No)	Refrigerators (Yes/No)
<input type="checkbox"/> Safety practices <input type="checkbox"/> Haz-Com <input type="checkbox"/> PPE / spill training <input type="checkbox"/> Chemical hygiene plan	<input type="checkbox"/> Lab sign-in? <input type="checkbox"/> Safety rules posted? <input type="checkbox"/> Emergency procedures? <input type="checkbox"/> Containers labeled? <input type="checkbox"/> Emergency labels on entrance?	<input type="checkbox"/> Absence of food storage? <input type="checkbox"/> "Explosion-proof"? <input type="checkbox"/> Properly installed? <input type="checkbox"/> Marked for flammables? <input type="checkbox"/> Absence of domestic refrigerator?
General Use (Yes/No)	Housekeeping (Yes/No)	General Storage (Yes/No)
<input type="checkbox"/> Absence of hazardous materials? <input type="checkbox"/> Absence of explosives? <input type="checkbox"/> Absence of cryogenics? <input type="checkbox"/> Absence of laser hazard? <input type="checkbox"/> Absence of corrosives?	<input type="checkbox"/> Aisles clear? <input type="checkbox"/> Exits clear? <input type="checkbox"/> Haz-Waste collection? <input type="checkbox"/> Absence of eat/drink/smoke? <input type="checkbox"/> Absence of previous spills?	<input type="checkbox"/> Absence of leaking containers? <input type="checkbox"/> Glass containers all less than 4 liters? <input type="checkbox"/> Segregation of chemicals? <input type="checkbox"/> Absence of corroded containers? <input type="checkbox"/> Containers capped? <input type="checkbox"/> Glass shatter-proof?

Equipment Summary (count)		Ventilation (Yes/No)
Fume Hoods _____ Perc Hoods _____ Cano Hoods _____ BioSafety Hoods _____ Cylinder Dolly _____ Spill Kit _____	Explos. Frig. _____ Eye Wash _____ Exits _____ Safety Shower _____ Flam. Cab. _____ Spill PPE _____	<input type="checkbox"/> Adequate ventilation? <input type="checkbox"/> Absence of storage in hood? <input type="checkbox"/> Fume hoods adequate? <input type="checkbox"/> Velocity tested? <input type="checkbox"/> Lab neg. to other rooms? <input type="checkbox"/> Haz. exhaust labeled?
PPE (Yes/No)	Flammables (Yes/No)	Security (Yes/No)
<input type="checkbox"/> Goggles/shields? <input type="checkbox"/> Gloves? <input type="checkbox"/> Aprons? <input type="checkbox"/> Respirators? <input type="checkbox"/> Eye protection worn? <input type="checkbox"/> Other necessary equip.?	<input type="checkbox"/> Adequate cabinets? <input type="checkbox"/> Absence of excess storage? <input type="checkbox"/> Spill plan? <input type="checkbox"/> Safety cans? <input type="checkbox"/> Bonded/grounded? <input type="checkbox"/> Less than 300 gallons? <input type="checkbox"/> Absence of storage by exits?	<input type="checkbox"/> Intrusion alarms? <input type="checkbox"/> Security procedures? <input type="checkbox"/> Absence of past vandalism? <input type="checkbox"/> Key control? <input type="checkbox"/> Absence of custodial serv.? <input type="checkbox"/> Dead bolt? <input type="checkbox"/> If 2nd exit, emergency lights?
Gas Cylinders (Yes/No)		
<input type="checkbox"/> Cylinders secured? <input type="checkbox"/> Contents identified? <input type="checkbox"/> Caps on tightly? <input type="checkbox"/> If NFPA rating >2, 2nd exit?	<input type="checkbox"/> Two gauges? <input type="checkbox"/> Less than 3 cyl. in use? <input type="checkbox"/> Less than 9 cyl. in lab? <input type="checkbox"/> Shutoffs?	
Personal Protective Equipment		
Type:	Material Used On:	Condition:
Cylinders		
Number:	Contents:	Size:

Fume Hoods	
Hood #1	Hood #2
Type of work performed:	Type of work performed:
Location of hood in lab:	Location of hood in lab:
If next to exit, is there a 2nd exit? (yes/no) Emergency shut-off within 50 feet? (yes/no)	If next to exit, is there a 2nd exit? (yes/no) Emergency shut-off within 50 feet? (yes/no)
Type of hood (check)	Type of hood (check)
<input type="checkbox"/> Chemical <input type="checkbox"/> Perchloric Acid <input type="checkbox"/> Washdown? <input type="checkbox"/> Removable baffles? <input type="checkbox"/> Canopy <input type="checkbox"/> Biological <input type="checkbox"/> Radioactive	<input type="checkbox"/> Chemical <input type="checkbox"/> Perchloric Acid <input type="checkbox"/> Washdown? <input type="checkbox"/> Removable baffles? <input type="checkbox"/> Canopy <input type="checkbox"/> Biological <input type="checkbox"/> Radioactive
Last inspection date: _____ Avg. face velocity (ft./min.) _____ Location of fan that serves the hood: _____	Last inspection date: _____ Avg. face velocity (ft./min.) _____ Location of fan that serves the hood: _____
Inspector's name:	Inspector's name:
Alarms: (check)	Alarms: (check)
<input type="checkbox"/> Pressure <input type="checkbox"/> Face Velocity <input type="checkbox"/> Other:	<input type="checkbox"/> Pressure <input type="checkbox"/> Face Velocity <input type="checkbox"/> Other:
Filters: (check)	Filters: (check)
<input type="checkbox"/> HEPA <input type="checkbox"/> Charcoal <input type="checkbox"/> Scrubber <input type="checkbox"/> Other:	<input type="checkbox"/> HEPA <input type="checkbox"/> Charcoal <input type="checkbox"/> Scrubber <input type="checkbox"/> Other:
Ducts: (Yes/No)	Ducts: (Yes/No)
Negative pressure? _____ Absence of manifold? _____ if no, in shaft? _____ Outlet 10 ft. above roof? _____ (If Perchloric Acid...) Absence of manifold? _____ Straight path to roof? _____	Negative pressure? _____ Absence of manifold? _____ if no, in shaft? _____ Outlet 10 ft. above roof? _____ (If Perchloric Acid...) Absence of manifold? _____ Straight path to roof? _____
Comments:	
Inspector's Name	Inspector's Signature: