

LABORATORY AUDIT CHECKLIST

Building & Room Number: _____ Date of Audit: _____

Department: _____

Auditors(s): _____

Lab Supervisor: _____

1. Safety Equipment	Working	Accessible	Last checked
a. fume hoods	_____	_____	_____
b. biological hoods	_____	_____	_____
c. eye washes	_____	_____	_____
d. showers	_____	_____	_____
e. fire extinguisher(s)	A B C D	_____	_____

2. House-keeping	Y	N
a. food, beverages and appliances absent from the laboratory?	_____	_____
b. food absent from chemical refrigerators and vice versa?	_____	_____
c. bench tops clean and unobstructed?	_____	_____
d. emergency numbers posted by telephone?	_____	_____
e. laboratory doors closed?	_____	_____
f. floors, aisles and exits unobstructed?	_____	_____
g. outside hallways uncluttered?	_____	_____

3. Chemical Storage	Y	N
a. all containers appropriately labeled?	_____	_____
b. no flammables in unapproved refrigerators?	_____	_____
c. liquid chemicals equipped with secondary containment?	_____	_____
d. flammable liquids within allowable quantities?	_____	_____
e. chemicals stored appropriately (incompatibles separated)?	_____	_____
f. gas cylinders secured and stored appropriately?	_____	_____
g. empty and full cylinders separated?	_____	_____

4. Waste Management	Y	N
a. chemical wastes tightly capped?	_____	_____
b. incompatible chemicals separated?	_____	_____
c. liquid chemicals equipped with secondary containment?	_____	_____
d. chemical wastes labeled appropriately?	_____	_____
e. weekly chemical waste inspections documented (where required)?	_____	_____
f. sharps disposed in proper containers?	_____	_____

