



Laboratory and Research Safety Self-Inspection Form

Submit your completed self inspection to your department safety officer. A copy must also be kept in the Laboratory and Research Safety binder.

Principle Investigator: _____ Date: _____

Inspector: _____ Department: _____

Building: _____ Room number(s): _____

	Yes	No	NA
A. LABORATORY AND RESEARCH SAFETY PLAN			
1) Has a Unit Specific Plan been completed? Has it been reviewed within the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Has everyone in the lab signed the Certification of Agreement page? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are standard operating procedures (SOPs) established and available for hazardous operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. TRAINING			
1) Have all personnel in the lab (including PI) completed Laboratory and Research Safety training (initial) and placed certificates in the Laboratory and Research Safety binder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Have all personnel in the lab (including PI) completed Laboratory and Research Safety refresher training and placed certificates in the Laboratory and Research Safety binder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Have copies of the training records been sent to your department office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Have lab personnel been instructed in lab safety practices and potential hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. SIGNS			
1) Are lab door signs posted outside the lab and information up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are special hazard signs in place (lasers, biohazards, radioactive etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. PERSONAL PROTECTIVE EQUIPMENT			
1) Are safety glasses with side shields worn as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are closed toe shoes worn, with no sandals or open toe shoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Is protective clothing selected and worn according to hazard (e.g., lab coats, splash aprons, flame resistant lab coats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are gloves selected and worn according to hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are chemical splash goggles/face shields worn when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. GENERAL HOUSEKEEPING			
1) Is food or drink only consumed outside the lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are aisles and exits free from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are benches and shelves not overloaded with unused equipment or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Is all storage at least 24 inches from the ceiling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Is only glassware in good condition used (i.e. nothing broken or chipped)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Is Bunsen burner/micro burner tubing in good condition, free from cracks and splits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. EMERGENCY EQUIPMENT			
Fire Extinguishers:			
1) Are extinguishers in designated locations and are these locations labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are extinguishers accessible and free from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Is the current year and date of last inspection indicated on the tag? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Showers and Eyewashes:			
1) Are showers and eyewashes labeled, accessible, and free from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	NA
2) Are eyewashes and drench hoses flushed weekly? Last tested: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Is the current year and date of last EHS inspection indicated on the tag? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid:			
1) Are first aid supplies kept in accordance with Penn State Policy SY21?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. HAZARDOUS SUBSTANCES			
Chemical Storage:			
1) Has chemical inventory been updated within the last year in CHIMS? Last updated: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are chemicals dated upon receipt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are all chemical containers labeled properly, capped, and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Is the storage of chemicals on, above, or next to desks avoided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are all corrosive chemicals stored below "eye level"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Are chemicals segregated by hazard (organics away from oxidizers, flammables away from oxidizers, acids away from bases)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Is chemical storage kept to a minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Is secondary containment used for elemental mercury use and storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators and Freezers:			
1) Are only "explosion proof" or "flammable storage" refrigerators/freezers used to store flammables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are refrigerators/freezers that are not "explosion proof" or "flammable storage" clearly labeled "NO FLAMMABLES ALLOWED"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are refrigerators/freezers labeled for "CHEMICAL USE ONLY" or "FOOD USE ONLY" and used accordingly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Is the interior sound and free of chemical spills or contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are all containers stored tightly closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable Liquid Storage:			
1) If more than 10 gallons total of flammable liquids are present in the lab, is it stored in approved safety cans or flammable storage cabinets, and not placed high on shelving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are approved safety cans equipped with self-closing lids and are flame arrestors intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are safety can lids closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are safety cans and wash bottles properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Waste:			
1) Has everyone in the lab read the Laboratory Waste Management Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Is a new "Laboratory Satellite Accumulation Area" (SAA) sign hung near waste area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Do all waste containers have a green tag attached, with name, location, start date, and container contents sections complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are SAAs inspected weekly and documentation maintained? Last inspected: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Is all waste in the SAA less than 11 months old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Is all waste stored in secondary containment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Is total volume of all waste less than 55 gallons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Are biohazard containers properly used where needed (i.e. autoclave bags)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Are sharps, including needles, razor blades, scalpel blades, etc., disposed of in rigid puncture proof containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Hoods and Local Exhaust:			
1) Are chemical fume hoods working properly? Date of last EHS inspection: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Do hood sashes open and close properly, and is glass intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are chemical fume hoods free of chemical storage and excess equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are hood sashes closed when not accessing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Have biological safety cabinets (BSCs) been tested and certified within the last year? Date of last certification: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	NA
6) Has the use of open flames in BSCs and laminar flow hoods been assessed and proper safety precautions implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. SECURITY			
1) Are radioactive, biohazardous, and hazardous materials secured from unauthorized removal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Is the lab familiar with Penn State Policy SY24 <i>Use of Biohazardous Materials in Research and Instruction</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Does the lab maintain an inventory of biohazardous materials and update it annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. COMPRESSED GASES			
1) Are cylinders properly secured in an upright position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are stored cylinders tightly capped and kept to a minimum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are flammable materials stored more than 20 feet from oxygen cylinders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are regulators, connections, and tubing in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Is flammable gas tubing secured and labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) If toxic gases are used, are appropriate leak sensors or alarms in place, regularly checked, and calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) If toxic gases with poor warning qualities are used (i.e. odorless), are redundant systems and shutoffs in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. ELECTRICAL EQUIPMENT			
General Equipment:			
1) Are appliances and electrical equipment equipped with ground plugs or properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Is the lab free from exposed wiring and frayed cords?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are extension cords for temporary use only, not overloaded, and six feet or shorter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are two-prong appliances not located directly above or within a five-foot radius of flammables or sinks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Are electrical panels free from obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Equipment or Apparatus Used for Research			
1) Has a risk assessment been performed and documented for each piece of "lab built" equipment according to the <i>Safety Risk Assessment for Lab Electrical Equipment</i> program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Has training been performed for those individuals who utilize the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Has the equipment been modified in the last year? If so, has the risk assessment been updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. VACUUM EQUIPMENT			
1) Are vacuum pump belt guards in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Are glass Dewars wrapped or shielded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Are protective shatterproof shields in place when vacuum equipment is used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Are glass desiccators under vacuum stored in metal guards or shielded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. MACHINE SHOP SAFETY			
1) Have all personnel in the lab who use machine shop type tools (e.g. belt sanders, miter saws, band saws, drill presses, lathes, milling machines, laser cutters, etc.) received training? Is the training documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Is machine guarding in good condition and working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answering 'no' to any question identifies an area of your lab that may require corrective actions.

Name of Principal Investigator (print)

Signature of Principal Investigator

Name of Department Head (print)

Signature of Department Head