

The College at Brockport

Environmental Health & Safety (EHS) Laboratory Audit Form

Audited by: _____ Principal Investigator: _____

Building / Room #: _____ Audit Date: _____

This form may also be used to conduct self-audits. Assistance in completing this form may be obtained by contacting EHS at X2005 or X2495

NA = Not Applicable C = Corrected

1) Good Housekeeping? (benches, floors, sinks, hoods and storage cabinets)					
2) Aisles and exits clear of obstacles and tripping hazards?					
3) Completed Emergency Information form posted by laboratory door, all signage proper for lab use?					
4) Any spills have been cleaned up? (benches, floors, sinks, hoods and storage cabinets)					
5) Proper personal protective equipment available, in good condition, and being used? Goggles, safety glasses, gloves, NO open toed shoes, shorts, etc.					
6) No food or drink stored in chemical refrigerators? (sign provided)					
7) No food or drink in laboratory work areas (only in designated food areas)?					
8) Fire extinguishers present, in working order, unobstructed and inspected every month?					
9) Approved emergency eyewash/showers available and unobstructed? Checked for proper operation?					
10) Lights in working order?					
11) No excess storage of combustibles and/or equipment (cardboard, papers, unused lab equip.)?					
12) Fire doors, smoke doors and lab doors not blocked or wedged open?					
13) All sharps disposed of properly in labeled sharps containers?					
14) Broken glassware disposed of properly? (In rigid cardboard box or other sharps container)					
15) Biohazardous waste stored in appropriate containers, labeled?					
16) Animal waste disposed of properly? (EHS should be contacted if any questions)					
17) First Aid Kit available, and stocked properly.					

Face Velocity of Hood _____ LFM (single)	<60 too low	>140 too high	Hood#4____ Hood#5____		
Hood #1____ Hood #2____ Hood #3____			Date Last Checked _____		

1) Hoods working properly and not being used as a storage cabinet?					
2) All pulleys, belts, gears and pinch points properly guarded and in good condition?					
3) Electrical equipment, cords, and plugs in good condition and not frayed?					
4) No extension cords used as permanent wiring and powerstrips used properly?(No ground defeaters – 3 prong to 2 prong)					
5) Electrical outlets in good condition and not overloaded?					
6) Electrical panel covers present, closed and accessible?					
7) Ground fault interrupters in place where required?					

1) All containers proper labeled, including wash bottles and reagent bottles?					
2) Container and labels in good condition and labels legible?					
3) Spill kits available, stocked, and match chemicals used in the lab.					
4) All hazardous waste containers labeled with the words "HAZARDOUS WASTE", contents and date?					
5) All waste containers not in use are securely closed?					
6) Full waste containers not being accumulated over 3 days?					
7) All waste is being disposed of properly (no evaporation, drain or trash disposal)?					
8) No hazardous chemicals being stored in, next to or above sinks?					
9) Secondary containment of hazardous waste provided?					
10) Strong acids stored separately from strong bases?					
11) Nitric acid stored separately from organic chemicals?					
12) Oxidizers stored separately from flammables?					
13) Perchloric acid only used in approved perchloric acid hood?					
14) All peroxide forming chemicals labeled with Date Received/Date Opened?					
15) Only flammables stored in flammable liquid cabinets (no acids, bases or oxidizers)?					
16) Flammable cabinet, including shelves, in good condition?					
17) Only explosion proof refrigerator used for storage of flammables?					

18) Flammables and gas cylinders stored away from ignition sources?					
19) All gas cylinders (MT or full) properly secured in an upright position and capped when not in use?					
20) Empty, Full, In Use tag used on each gas cylinder?					
21) Security of listed chemical, biological, or radioactive materials proper?					
Comments (reference section letter and number):					

☐ **Audit Complete (No further action required. Please file this form for your records.)**

☐ **Corrective Action Required – follow up inspection scheduled for _____**

*All items marked in the 'N' column must be corrected. All corrections must be explained in the Comments or Additional Comments section. When you have made corrections, please place a checkmark in the 'C' column
Please attach copies of any work orders filed to the completed audit form.*

CERTIFICATION: (To be signed by the Principal Investigator or designated representative if corrective action is required)

I certify that I have corrected all of the items indicated to the best of my knowledge.

Signature: _____

If there are any questions, please contact the EHS Office at 395-2005 or 395-2495

Additional Comments:

EHS Review by: _____ **Date:** _____

Updated: April 21, 2010