

# UBC CHEM – Monthly Lab Inspection Checklist

Location: \_\_\_\_\_ Year: \_\_\_\_\_

**Answer YES or NO in boxes provided; if NO, describe deficiency and location; note corrective measures taken**

Checklist completed by:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Note date, deficiencies & corrective measures taken
Emergency procedures posted and current													
Check First Aid Kit and restock if necessary													
Personal protection available and worn? • Are PPE requirements posted at lab entrance?													
Are Lab Areas free of evidence of food/beverage consumption?													
Are aisles/doorways free of slip/trip/fall hazards?													
Are electrical panels visible and accessible?													
Are fire extinguishers accessible and in working order? (**)													
Have boxes been emptied, contents stored safely, box hazard labels defaced and the box disposed of?													
Have materials for recycling been removed from lab areas?													
Fume hoods neat and functioning													
Fume hood sash at marked level													
Flammable solvent <25L in open lab													
No floor storage of any chemicals, including empties													
No floor storage of any glass bottles													
Peroxidizable compounds dated on opening and reviewed/tested every 3 months?													
Chemical containers closed?													
Chemical containers properly labeled with full chemical name?													
Compatible storage of chemicals													
Chemical storage cabinets labeled with hazard class													
Is waste being disposed of at a timely manner?													
Are emergency shower/eyewash stations accessible?													
The emergency eyewash needs to be tested and run weekly to ensure water is running clear of sediments. (*)	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	<input type="checkbox"/> w 1 <input type="checkbox"/> w 2 <input type="checkbox"/> w 3 <input type="checkbox"/> w 4	
Person Assigned to: _____													

Form updated: Nov 18, 2024 (\*) checkmark table for each week tested (\*\*\*) Notify the safety office 604-827-5216 if fire extinguisher is missing or has tamper tag missing