



LAB INSPECTION CHECKLIST

Department:	Building & Room #:
Supervisor:	Inspection date:
Inspected by:	Accompanied by:
Inspection type: <input type="checkbox"/> Lab self-inspection <input type="checkbox"/> OHSE inspection	
The following types of hazards are present: <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Radiation	

SECTION A. REQUIRED

Item #	Item	Yes	No	N/A	Comments
1.0	Laboratory Safety				
1.1	Lab door hazard signage posted and up-to-date?				
1.2	Food and drink absent from lab?				
1.3	Spill kits available and stocked, including spill pads, bags and spill response plan?				
1.4	Aisles, exits, emergency eyewash, showers, fire extinguishers clear of obstructions?				
1.5	Emergency eyewash/shower facilities available?				
1.6	Eyewash and shower tagged and tested monthly?				
1.7	Date of last fire extinguisher inspection within past 12 months?				
1.8	General housekeeping maintained in lab?				
1.9	Compressed gas cylinders secured to fixed structure to prevent tipping or falling?				
1.10	Is there a protocol for marking empty gas cylinders?				
1.11	Dedicated personal protective equipment (e.g. lab coats, safety glasses, closed toed shoes, gloves) available and worn while working in the lab?				
1.12	Personal protective equipment removed before exiting the lab?				
1.13	If respirators are used, are annual fit tests conducted and documented?				
1.14	Laboratory equipment checked regularly and operating as designed? (ex. reflux condenser, hot plates, electrical cords, etc).				

Item #	Item	Yes	No	N/A	Comments
1.15	Bottle carriers or carts utilized when transporting chemicals between work areas?				
1.16	Are top bench shelves clear of heavy items, large glass solvent or corrosive bottles?				
1.17	Are cabinets, shelves and/or racks that store hazardous materials properly secure from tipping?				
2.0	Chemical Safety				
2.1	Chemicals stored in appropriate cabinets and containers?				
2.2	Chemicals properly segregated by hazard class and compatibility				
2.3	Chemicals labelled with WHMIS compliant labels?				
2.4	Chemical inventory available and updated within past 12 months?				
2.5	Access to SDS's available in lab and up to date within 3 years?				
2.6	Fume hoods certified within past 12 months?				
2.7	Equipment and chemicals located at least 15cm back from the face of the hood?				
2.8	Fume hood sash height provides splash protection and is below maximum sash height?				
2.9	Are fume hoods free of clutter and not used for storage?				
2.10	Local exhaust ventilation has been tested to be operating as designed in the past 12 months?				
2.11	If hydrofluoric acid used, is a non-expired topical antidote available (e.g. calcium gluconate)?				
2.12	Peroxide forming chemicals are labeled with the date received and regularly tested?				
2.13	If perchloric acid is present, is it used according to SOP?				
2.14	Are cytotoxic drugs used and/or stored in the lab and are specific safe work plans followed?				
3.0	Hazardous Waste				
3.1	Hazwaste labelled, collected, segregated and disposed using OHSE online requisition?				
3.2	Secondary containment in place for hazardous waste containers?				

Item #	Item	Yes	No	N/A	Comments
3.3	Liquid biowastes (level 1 or 2) following safe sink disposal protocols, either bleach or autoclave?				
3.4	All biowaste containers wiped down with disinfectant before removed for disposal?				
3.5	Biohazard pails used only for contaminated bio-materials and not general refuse?				
3.6	Safe sink disposal of non-hazardous wastewater following OHSE protocols?				
3.7	Are sharps (needles, syringes, etc.) limited where possible; not bent, sheared, recapped or removed from syringes, and disposed of in CSA approved containers?				
4.0	Training & Awareness				
4.1	Lab occupants completed appropriate training (e.g. WHMIS 2015, lab safety, bio, rad, etc.) and refresher training?				
4.2	Lab occupants aware of numbers to call for first aid, spills and emergencies?				
4.3	Safety and emergency procedures posted?				
4.4	Incidents and hazards reported following OHSE procedures (e.g. DIIR form)?				
4.5	Lab self-inspection completed in past 12 months?				
4.6	If lab/shop personnel work alone, is there a working alone plan in place?				
SECTION B. OPTIONAL AREA (add department specific items as needed)					
8.0	Additional items				
SECTION C. COMMENTS					