

Sort Order	Checklist Question	Findings Template	Corrective Action Template	Days To Correct
Documentation				
1	<i>Required door signage is posted and accurate.</i>			30
	Exterior Lab Info sign is not posted or not correct. OR Interior Emergency Contact sign is not posted or not correct. OR Door signage is not posted or inaccurate.		Post (or update with correct information) the exterior Lab Info door sign. Found here: https://ehs.psu.edu/laboratory-safety/forms OR Post (or update with correct information) the interior Emergency Contact sign. Found here: https://ehs.psu.edu/laboratory-safety/forms OR Consult with EHS for proper door signage.	
2	<i>The LionSafe Risk Assessment has been completed by the Group/Unit.</i>			30
	LRA not completed.		Complete the LRA.	
3	<i>Documented standard operating procedures, protocols, or risk assessments are available where required.</i>			30
	Standard operating procedure or protocol for "X" was not present, available, or needs updated. OR Risk assessment for "X" is not documented or available.		Create or update SOP/protocol. Create or update risk assessment. Work with EHS as needed.	
4	<i>Laboratory and Research Safety Training certificates are up to date and readily available for all applicable individuals.</i>			30
	Training certificates not available or not provided.		Ensure all personnel take initial and annual refresher Lab and Research Safety Training. Ensure certificates are readily accessible. Link: https://ehs.psu.edu/training?tid=136	
Biosafety				
5	<i>Biological materials (e.g. bacteria, viruses, human or animal tissue, or infected/potentially infected plant tissue) and/or recombinant or synthetic nucleic acids are used in the space.</i>			30

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Biosafety				
6	<i>Procedures that have a high potential for creating biological aerosols or splashes are conducted in a BSC or another appropriate combination of PPE and engineering controls is used.</i>			30
	Aerosol/splash producing procedures are not conducted in a BSC.; Aerosol/splash producing procedures are not conducted using the appropriate combination of engineering controls and PPE.		Modify SOPs to perform aerosol/splash producing procedures in a BSC.; Conduct a risk assessment to determine the appropriate combination of engineering controls and PPE to protect personnel from aerosol/splash producing procedures.; Purchase necessary engineering controls and/or PPE based on risk assessment.	
7	<i>Work surfaces are cleaned and decontaminated with an appropriate disinfectant after completion of work with potentially infectious material, and after spills, splashes, or other potential contamination.</i>			30
	Work surfaces are not cleaned or decontaminated with an appropriate disinfectant after completion of work with potentially infectious materials.; Work surfaces are not cleaned or decontaminated with an appropriate disinfectant after spills, splashes, or other potential contamination.; An appropriate disinfectant is not available in the lab.		Purchase an appropriate disinfectant for the materials handled in the laboratory.; Train personnel to decontaminated work surfaces.; Develop a decontamination SOP for work surfaces.	
8	<i>Equipment is routinely decontaminated with an appropriate disinfectant after spills and splashes, before repair, maintenance, or removal from the space.</i>			30
	Equipment is not decontaminated with an appropriate disinfectant after splashes or spills with potentially infectious materials.; An appropriate disinfectant is not available in the lab.; Equipment is not decontaminated before repair or maintenance.		Purchase an appropriate disinfectant for the materials handled in the laboratory.; Train personnel to decontaminated equipment.; Develop a decontamination SOP for equipment.	
9	<i>Vacuum lines used with biohazardous materials are protected with liquid disinfectant traps, in-line HEPA filters, or their equivalent. Filters are replaced as needed, or are on a replacement schedule determined by a risk assessment.</i>			30
	Vacuum lines are not protected.; Filters are not replaced regularly or on any set replacement schedule.		Install a liquid disinfectant trap, in-line HEPA filter, or an equivalent.; Develop a replacement schedule for HEPA filters.; Develop a schedule to empty the liquid disinfectant trap and refill with fresh disinfectant. Ensure proper contact time of disinfectant is taken into account.	

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Biosafety				
10	<i>Mechanical pipetting devices are used. Mouth pipetting is prohibited.</i>			30
	Mouth pipetting occurs.		Purchase mechanical pipetting devices.; Train personnel that mouth pipetting is strictly prohibited.	
11	<i>A Biological Safety Cabinet (BSC) is present in the space.</i>			30
12	<i>BSCs are installed in appropriate locations, away from doors, windows, and heavily traveled areas. They are installed so that fluctuations of the room air supply and exhaust does not interfere with proper operation.</i>			30
	A BSC is present in the laboratory and it is installed in an inappropriate location.		Work with your safety officer or facility coordinator to relocate the BSC to an appropriate location in the lab. After the BSC is relocated, ensure the BSC is recertified.	
13	<i>BSCs have been certified within the past year.</i>			30
	A BSC is present in the laboratory and it has not been certified within the past year.		Contact a local service provider and have the BSC certified.	
14	<i>BSCs are free from excess equipment or supplies that can block the air grills and disrupt airflow.</i>			30
	A BSC is present in the laboratory and it has excess equipment or supplies in it.; A BSC is present in the laboratory and the air grills are blocked.; A BSC is present in the laboratory and materials present disrupt the airflow.		Remove/arrange excess storage to ensure airflow is not disrupted.	
15	<i>The use of Bunsen burners has been prohibited in BSCs. Other flame producing devices used in a BSC have been evaluated for safe use.</i>			30
	A Bunsen burner is used in the BSC and hooked up to a natural gas line.; A Bunsen burner is used in the BSC and hooked up to another source of natural gas.; Other flame producing devices are used, but they have not been evaluated for safe use in a BSC.		Discontinue the use of open flames. Consult with EHS for guidance on alternatives.	
16	<i>Biological waste and/or regulated medical waste is generated in the space.</i>			30

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Biosafety				
17	<i>Sturdy autoclave-rated red, red-orange, or orange bags are used for solid non-sharps biological waste.</i>			30
	Inappropriate colored bags are used for solid waste.; Bags are not appropriate for autoclaving.; Bags that fail, develop holes, or are torn are placed in white barrel after autoclaving without being double bagged.	Purchase bags that are red, red-orange, or orange and intended for autoclave use.; Train personnel to place bags that are torn/damaged into a second bag prior to disposal.		
18	<i>Biological waste bags that contain waste are stored in leakproof secondary containers for storage and transport.</i>			30
	Bags are not stored in leakproof secondary containers for storage and transport.	Purchase leakproof secondary containers for storage and transport of biological waste.		
19	<i>Biological waste bags and containers are properly vented for autoclaving.</i>			30
	Bags and containers are not vented properly for autoclaving.	Train personnel to appropriately vent bags and containers prior to autoclaving.		
20	<i>Biological waste is segregated from other types of waste.</i>			30
	Biological waste is not segregated from other types of waste.	Segregate biological waste from other types of waste in the lab.		
21	<i>Biological waste containers are closed during storage.</i>			30
	Biological waste containers are not closed in between uses.	Train personnel to close biological waste containers between use.		
Bloodborne Pathogens				
22	<i>Biological material capable of infecting humans is used in this space.</i>			30
23	<i>All personnel working with blood or other potentially infectious materials (OPIM) are familiar with the Exposure Control Plan, know how to find it, and are trained on its contents.</i>			30
	Personnel working with blood or OPIM are not familiar with the Exposure Control Plan.; Personnel working with blood or OPIM are not trained according to the Exposure Control Plan.; Personnel working with blood or OPIM have not completed Bloodborne Pathogen training.	Have PI or responsible person share Exposure Control Plan with the group via paper copy kept in laboratory or electronically.; Have personnel working with blood or OPIM complete Bloodborne Pathogen training.		

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Bloodborne Pathogens		
24	<p><i>All personnel who work with blood or OPIM have consulted with Occupational Medicine about Hepatitis B vaccination.</i></p> <p>Personnel work with blood or OPIM and have not completed an Immunization Determination Form.; Personnel work with blood or OPIM and have not sent an Immunization Determination Form to Occupational Medicine.; Personnel work with blood or OPIM and have not consulted with Occupational Medicine about Hepatitis B vaccination.</p>	30
	<p>Ensure all personnel working with blood or OPIM complete an Immunization Determination Form and that the form is sent to Occupational Medicine.; Ensure personnel consult with Occupational Medicine about their vaccination status.</p>	
Chemical Safety and Storage		
25	<p><i>Chemicals (including compressed/liquified gases) are present.</i></p>	30
26	<p><i>Chemicals are labeled (including non-original containers) properly.</i></p> <p>"Detail location, and chemical container": is not labeled properly.</p>	30
	<p>Label chemical container as to its contents.</p>	
27	<p><i>The chemical inventory has been updated within the last year in LionSafe.</i></p> <p>The chemical inventory has not been updated within the last year in LionSafe. OR A chemical inventory is not established in LionSafe.</p>	30
	<p>Go to the LionSafe portal at https://lionsafe.psu.edu/ Access Chemical Safety. Update chemical inventory.</p>	
28	<p><i>Chemicals are properly segregated based on hazard category.</i></p> <p>Chemicals not properly segregated.</p>	30
	<p>Segregate chemicals according to class.</p>	
29	<p><i>Chemicals are stored in appropriate locations (e.g., off the floor, away from surrounding hazards, not under sinks, hazardous materials below eye-level).</i></p> <p>Chemicals are not stored in appropriate locations.</p>	30
	<p>Store chemicals according to the SDS. Do not store chemicals on the floor. Store in designated chemical storage areas/cabinets. Do not store around environmental hazards such as light, heat, or water. Store hazardous chemicals only below eye-level.</p>	
30	<p><i>Chemical containers are in good condition (e.g., kept closed, not compromised, compatible with materials inside, not expired).</i></p> <p>Chemical container is not in acceptable condition.</p>	30
	<p>Address chemical container issue. Chemicals must be stored in a compatible container with a lid. Containers may not be compromised or leaking. Containers must be compatible with the material stored inside. Chemicals must be processed for disposal if beyond their expiration date.</p>	

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Chemical Safety and Storage				
31	<i>Appliances are labeled as to their designated use (i.e., "No food/drink", "Chemical use only") and used as designed and rated (i.e., flammable storage limitations).</i>			30
	Appliance not labeled or used appropriately.	Label as to contents ("No Food/Drink; Chemical Use Only"). Flammable materials must be stored in a cold unit designed, rated, and labeled for flammable storage.		
32	<i>High hazard chemicals are present.</i>			30
33	<i>Pyrophoric and water-reactive materials are stored and used properly.</i>			1
	Pyrophoric and/or water-reactive materials are not stored/used properly.	Seek EHS assistance for hazardous material management. Store according to SDS.		
34	<i>Peroxide formers (e.g. dioxane, ethyl ether, tetrahydrofuran) are dated upon receipt and opening, within expiration, and not crystalized.</i>			1
	Peroxide formers are not stored/used properly.	Seek EHS assistance for hazardous material management. Store according to SDS. Peroxide formers must be dated upon receipt and upon opening. Process for disposal if any sign of crystallization or beyond expiration date.		
35	<i>Picric and perchloric acid is dated upon receipt and opening, within expiration, not crystalized, and used in a wash-down hood if concentrated or heated.</i>			1
	Picric or perchloric acid is not stored/used properly.	Seek EHS assistance for hazardous material management. Store according to SDS. Picric and perchloric acid must be dated upon receipt and upon opening. Process for disposal if any sign of crystallization or beyond expiration date. These materials must only be used in a wash-down fume hood.		
36	<i>Hydrofluoric acid is properly used (e.g., fume hood designated, calcium gluconate at fume hood, proper PPE, working area secondary containment).</i>			1
	Hydrofluoric acid is not stored/used properly.	Seek EHS assistance for hazardous material management. Store according to SDS. The fume hood must be labeled "Danger - Hydrofluoric Acid". Calcium gluconate gel must be readily accessible and within expiration. PPE needs must be assessed with equipment readily accessible (proper gloves, faceshield, acid apron). The work area must have secondary containment (work over a compatible tray to catch drips).		

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Chemical Safety and Storage				
37	<i>Particularly high hazard chemicals are managed, used, and stored properly.</i>			1
	Particularly high hazard chemicals are not managed, used, or stored properly (e.g., local exhaust ventilation and other engineering controls; SOP, training and other administrative controls; PPE; incident response materials).	Seek EHS assistance for hazardous material management. Store according to SDS.		
38	<i>Fume hoods are present.</i>			30
39	<i>Fume hoods are certified annually or tagged out of service and not in use.</i>			30
	Fume hoods are not certified annually. Fume hood is tagged out of service but still in use.	Place work request for fume hood to receive annual certification; include Facility Coordinator and EHS in request process. Discontinue use of fume hood if tagged out, and assess options with EHS.		
40	<i>Fume hoods are uncluttered with materials at least 6" away from sash.</i>			30
	Fume hoods are cluttered. Materials within 6" of sash.	Improve storage, housekeeping, and organization in the fume hood. Do not obstruct air flow. Do not store materials within 6 inches of sash.		
41	<i>Fume hood has sash yellow arrow, and the sash is used at or below the arrow.</i>			30
	Fume hood does not have sash position indicator-arrow. Fume hood sash used above optimal height.	Place work request to have sash indicator-arrow affixed so users know optimal sash height. Only work with sash at optimal height indicated by yellow sash arrow.		
42	<i>Compressed or liquified gases are present.</i>			30
43	<i>Cylinders in good condition, upright, and secured to prevent tip over.</i>			30
	Cylinder is not secured to prevent tip over. OR Cylinder is not in good condition.	Cylinders must be secured upright to prevent tip over. Install strap or chain on top 1/3 of cylinder. Ensure chain/strap is fastened securely. Cylinders must be free of damage or signs of compromise. Return compromised cylinder to vendor. Or if owned, work with EHS to properly dispose of cylinder.		

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Chemical Safety and Storage				
44	<i>Cylinders not in use (in storage) have regulator removed, caps in place, and are protected from damage.</i>			30
	Cylinder is not in use, but has regulator in place (not capped). OR Cylinder is not protected from damage.	Replace regulator with cap. OR Store cylinder in cage, install barrier, or otherwise protect cylinder from incidental damage.		
45	<i>Oxidizers and fuel gases are sufficiently separated (20ft or 5-ft fire resistant barrier).</i>			30
	Oxidizer and fuel gas stored within 20-ft of each other.	Separate oxidizer from fuel gas by at least 20-ft or separate with a 5-ft fire resistant barrier. Contact EHS for assistance as needed.		
46	<i>Empty or unwanted cylinders are labeled "empty" and are returned to the supplier or picked up by the vendor.</i>			30
	Empty or unwanted cylinders are not processed properly.	Return empty/unwanted rented cylinders to General Stores or the vendor/supplier. If the cylinder was owned (not rented), process for hazardous waste disposal.		
47	<i>Toxic and flammable gases are configured appropriately (e.g., leak detection, auto shut off, ventilated enclosures, alarm/response procedures, calibration/maintenance).</i>			30
	Toxic or flammable gas configurations do not meet EHS expectations.	Assess with EHS to determine hazard mitigations.		
Eyewashes and Safety Showers				
48	<i>Eyewash/safety shower is present in work area.</i>			30
	Eyewash or safety shower is required but not present. An eyewash and safety shower is required in the work area where a person may be exposed to corrosive material. An eyewash is required where the eyes of a person may be exposed to biological materials in a laboratory classified as BSL1 or higher.	Place work request for eyewash and/or safety shower to be installed. Consult with EHS on location and specifications.		
49	<i>Eyewash/safety shower is unobstructed.</i>			30
	Eyewash/safety shower is obstructed. Examples include: travel up/down stairs, items stored in pathway to use, items stored in front of equipment, passing through locked or swipe-access doors.	Remove obstructions. If new installation is required, consult with EHS for making a work request.		

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Eyewashes and Safety Showers			
50	<i>Eyewash receives a documented, weekly inspection.</i> Eyewash does not receive a documented, weekly inspection.	Post inspection log and document weekly inspection/flush. Log form available here: https://ehs.psu.edu/laboratory-safety/forms	30
51	<i>Eyewash/safety shower receives annual testing.</i> Emergency showers are not tested annually by OPP and documented.	Contact the maintenance supervisor with a work request to have the emergency shower tested.	30
52	<i>Eyewash/safety shower meets general performance requirements (i.e., plumbed facilities, adequate flow, eyewashes flush both eyes simultaneously, continuous flow after single action of operator).</i> Equipment is not plumbed (squeeze bottles used). Safety shower flow does not appear adequate to drench/deluge the entire body. Eyewash flow does not rise 2 or more inches above nozzles to adequately flush the eyes. Eyewash does not flush both eyes simultaneously. Continuous flow is not triggered by a single operator action.	Consult with EHS and place work request if necessary to ensure equipment meets performance requirements.	30
Occupational Health			
53	<i>Local exhaust ventilation systems are adequate and properly maintained.</i> Hazard needs evaluated and/or controlled.	Consult with EHS for hazard assessment.	30
54	<i>Potential inhalation and air contaminant hazards adequately assessed and controlled.</i> Hazard needs evaluated and/or controlled.	Consult with EHS for hazard assessment.	30
Electrical Safety			
55	<i>Live parts of electrical equipment (≥50V) are guarded from incidental contact by acceptable means (e.g., junction boxes, receptacles, switches, disconnect boxes, and knockouts).</i> Electrical equipment is not properly enclosed/covered. Live parts are not guarded by approved means.	Repair / replace missing or damaged item. Install approved guarding. If at UP contact Office of Physical Plant, If at CWC contact Maintenance Dept.	30

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Electrical Safety				
56	<i>Electrical equipment and appliances are not compromised and appear in appropriate condition.</i>			30
	Equipment is compromised or not in appropriate condition.	Remove the equipment from service. Have a qualified person correct the issue. Place a work request with OPP, the Electronics Shop, or campus maintenance for repair.		
57	<i>Electrical equipment is NRTL-approved and used as designed, or risk assessment has been documented for non-approved (lab-made, custom) electrical equipment capable of operating at 50V or more.</i>			30
	Equipment is not approved or assessed.	Electrical equipment must be approved (NRTL listed/labeled) or a documented hazard assessment must be completed.		
58	<i>Portable power tools are either grounded (3-prong plug) or double-insulated. (The double insulation symbol is 2 squares inside of each other).</i>			30
	Tool is not grounded nor double insulated.	Tag out and remove tool from service.		
59	<i>Electrical panels are accessible.</i>			30
	Electrical equipment that may require servicing or maintenance is not accessible and/or has working clearance obstructed.	Remove obstructions and ensure a working clearance (36" in front of equipment).		
60	<i>Disconnects and circuit breakers are properly labeled as to the equipment they service.</i>			30
	Disconnect or circuit breakers not properly labeled.	Label disconnecting device as to what it disconnects.		
61	<i>GFCIs are used within 6' of water, outdoors, or in wet environments.</i>			30
	GFCI not present where required.	Place work request for GFCI protection.		
62	<i>Electrical extension cords are not used as a permanent means of wiring.</i>			30
	Extension cord is used as permanent wiring or for long term power supply.	Extension cords may only be used for short term power supply to portable appliances. Remove extension cord. Relocate equipment closer to building receptacle. OR, Replace extension cord with a single UL listed relocatable power tap that is plugged directly into a fixed building receptacle. OR, Place a work request to have a receptacle installed where it is needed.		

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Electrical Safety				
63	<i>Electrical cords are in good condition (i.e., grounding prong intact, insulation not compromised, not repaired with electrical tape, no other damage).</i>			30
	Electrical cord is not in good condition.		Remove cord from service or have a qualified person repair to original specifications.	
64	<i>Electrical cords are properly used (i.e., protected from damage; not concealed through holes, ceilings, or floor; not run through doorways, windows, or similar openings; relieved of strain; not used for more appliances than designed).</i>			30
	Electrical cord is not used properly.		Remove cord from service.	
65	<i>Electrical cords and cables are not daisy chained.</i>			30
	Extension cords / plug strips are connected in series (daisy chained).		Relocate equipment closer to building receptacle. Replace cord set with a single UL listed relocatable power tap that has a long enough cord. Place a work request to have a receptacle installed where it is needed.	
66	<i>Large appliances (e.g. refrigerators, freezers, furnaces) are plugged directly into the branch circuit of a building.</i>			30
	Appliance not plugged directly into building receptacle.		Plug the appliance directly into a fixed building receptacle.	
Fire Safety				
67	<i>Flame and heat producing equipment used safely and per manufacturer instructions.</i>			1
	Flame and heat producing equipment not used appropriately. Combustible materials are located in close proximity to open flame device.		Remove combustible material. Relocate open flame/heat producing device. Use accordingly to operator's manual. Consult with EHS for guidance.	
68	<i>Combustibles are minimized and not stored within 3' of ignition sources.</i>			30
	Combustible storage is excessive. Combustible materials stored near ignition source.		Minimize combustible storage. Remove any combustibles away from ignition source. Refer to operator's manual.	

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Fire Safety				
69	<i>Fire protection systems appears to be in good and operable condition (e.g., detectors, pull stations, sprinkler heads).</i>	Detector appear compromised. Pull station appears compromised or obstructed. Sprinkler head appears compromised.	Remove obstructions. Place work request to initiate repair.	30
70	<i>Sprinkler heads and sprinklered ceilings have at least 18" of clearance.</i>	Items stored within 18-inches of sprinkler head or ceiling.	Remove items. Ensure 18-inches of clearance to ceiling and sprinkler heads.	30
71	<i>Ceiling surface is intact with no missing tiles or other unprotected openings.</i>	Missing ceiling tile(s) or other ceiling opening.	Place work request to replace ceiling tiles or repair opening.	30
72	<i>Exit signs are unobstructed and in good condition.</i>	Exit sign is obstructed. Exit sign is not in good condition. Exit sign is not illuminated.	Place a work request for exit sign to be repaired. Remove any obstructions.	30
73	<i>Fire rated doors close, latch automatically, and are not propped open.</i>	Fire door does not automatically close and latch. Fire door is propped open.	Place work request to ensure fire door automatically closes and latches. Remove prop. Do not prop open fire doors.	30
74	<i>Aisleways and exit routes are unobstructed.</i>	Aisleway or exit route is obstructed.	Remove obstructions. Consult with EHS if required clear width is unknown.	30
75	<i>Fire extinguishers are visible and unobstructed.</i>	Fire extinguisher is not visible. Fire extinguisher is obstructed or not accessible.	Remove or relocate any items obstructing fire extinguisher. Ensure 3ft clearance in front of fire extinguisher.	30
76	<i>Fire extinguishers are in good condition, mounted, and inspected.</i>	Fire extinguisher is compromised or not fully charged. Fire extinguisher is not mounted. Fire extinguisher does not appear to be adequately maintained.	Contact OPP or Campus Maintenance to replace extinguisher, mount extinguisher, or ensure routine inspection.	30

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Fire Safety				
77	<i>Fire extinguishers are appropriate for the materials present.</i>			30
	Fire extinguisher is not appropriate for materials.	Consult with EHS for correct extinguisher class based on materials. Work with OPP, Campus Maintenance, and/or your work unit to purchase and install a fire extinguisher.		
78	<i>Flammable liquids stored properly (e.g., in flammables cabinet based on quantity, away from ignition sources, in approved containers).</i>			30
	Excessive flammable liquids stored outside of flammable cabinet. Flammable liquids stored next to ignition source. Flammable liquids stored in non-approved containers.	Store flammable liquids inside a flammable storage cabinet or other rated enclosure. Keep flammable liquids 3-ft from ignition sources. Flammable liquids must be stored in approved containers. Consult with EHS for guidance.		
79	<i>Flammable liquid transfer containers are grounded/bonded when required.</i>			30
	Flammable liquids containers not grounded/bonded.	Bulk flammable liquid containers that dispense material must be grounded. The source container must be bonded to the receiving container.		
Hot Work				
80	<i>Hot work is performed.</i>			30
81	<i>A hot work permit is authorized and posted where required.</i>			30
	A Hot Work Permit is not posted.	For temporary hot work, a qualified/trained person can issue a temporary hot work permit. For a permanent hot work area, EHS must evaluate and issue a permit. The permit must be posted in the work area. Contact EHS for assistance.		
82	<i>Hot work areas are maintained to permit requirements (e.g., combustibles 35-feet away, fire watch if necessary, fire extinguisher).</i>			30
	Hot work area not maintained to permit requirements.	Remove or guard combustible materials. If not feasible, a fire watch is required. Ensure work area meets provision of the work permit.		
Walking and Working Surfaces				
83	<i>Interior walking surfaces including stairways are clear of slip, trip and fall hazards.</i>			30
	Slip/trip hazards are present.	Remove slip/trip hazard.		

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Ladder Safety				
84	<i>Portable ladders or mobile staircases are used or present.</i>			30
85	<i>All portable ladders are inspected annually and the inspection is documented on a ladder sticker/tag.</i>			30
	Ladder does not receive documented annual inspection.		Inspect ladders and document on sticker/tag on ladder before using the ladder.	
86	<i>Portable ladders are in good condition and maintained/stored properly with legible manufacturer warnings and labels.</i>			30
	Labels missing; severe fading; hardware is compromised, etc.		Tag out and remove the ladder from service. Replace manufacturer labels. If ladders is not in good condition, replace the ladder.	
87	<i>Portable ladders are selected appropriately and configured/used per manufacturer's instructions and safe work practices.</i>			30
	Ladder not properly selected (portable ladder used instead of straight ladder). Ladder not configured/used properly (A-frame leaned against wall, extension ladder not extended 3-ft above top surface, ladder to be secured in high traffic area).		Provide specific recommendations for proper selection and use.	
Personal Protective Equipment				
88	<i>Personal Protective Equipment (PPE) is used or necessary in the space.</i>			30
89	<i>A PPE hazard assessment is completed for areas/tasks which require PPE.</i>			30
	A PPE hazard assessment is not completed.		Complete a PPE Hazard Assessment as directed by PPE Program Appendices.	
90	<i>Appropriate PPE is worn and made available as required for the anticipated hazards.</i>			30
	PPE is not worn as needed based on observed hazards. Necessary PPE is not made available.	(Describe observation that requires PPE.) The Work Unit Supervisor is responsible to purchase and provide PPE. (Identify specific PPE that was not available based on hazards observed.)		

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Personal Protective Equipment			
91	<i>PPE is removed prior to leaving the work area to prevent the spread of contamination.</i> Potentially contaminated PPE is worn outside the work area.	Remove contaminated PPE before leaving the work area. Train personnel to remove PPE prior to leaving the laboratory / work area.; Set up a location inside the laboratory / work area to remove PPE with appropriate storage locations (e.g., coat hooks) or disposal containers for PPE.	30
92	<i>Contaminated PPE is disposed of or decontaminated properly. Laundering processes are adequate and compliant based on the hazard and PPE characteristics (e.g., use of BBP, fire rated material).</i> PPE is not disposed, decontaminated, or laundered properly.	Train personnel to dispose of contaminated PPE and ensure appropriate replacements are purchased.; Train personnel on appropriate decontamination procedures for PPE.; Develop an SOP for decontaminating laboratory clothing prior to laundering. Consult with EHS for guidance as needed.	30
93	<i>PPE is in good condition, clean, maintained, and stored properly.</i> PPE is not in good condition. PPE is not cleaned or compromised. PPE is not stored per manufacturer's instructions.	The Work Unit Supervisor must ensure PPE is maintained and stored per manufacturer's instructions.	30
94	<i>PPE meets approved design standards (e.g. ANSI, NIOSH).</i> PPE does not meet design standards.	Purchase PPE that meets required design standards.	30
Respiratory Protection			
95	<i>Respiratory protection is worn or available in the space.</i>		30
96	<i>Voluntary users of respirator follow applicable procedures (i.e., Appendix D and medical qualification, Appendix D only for filtering facepieces).</i> Required process not followed for voluntary users.	Consult with EHS for required processes depending on respirator type.	30
97	<i>Respirators are in good condition, stored, and maintained per manufacturer's instructions.</i> Respirator is not in good condition. Respirator is not stored/maintained per manufacturer's instructions (e.g., exposed to environmental conditions/hazards).	Replace respirator. Store and maintain per manufacturer's instructions.	30

Sort Order	Checklist Question	Findings Template	Corrective Action Template	Days To Correct
Respiratory Protection				
98	<i>The correct respirator and filtering medium is selected, provided, and worn for the hazard in question.</i>			30
	The correct respirator is not selected/worn.		Consult with EHS for respirator selection and use.	
99	<i>Respirators are NIOSH approved.</i>			30
	Respirator is not NIOSH approved.		Replace with a NIOSH approved respirator.	
Waste Management				
100	<i>Chemical waste is generated and/or stored within the space.</i>			30
101	<i>Waste containers are segregated by hazard class and stored in an appropriate location.</i>			30
	Incompatible waste containers are stored together. Waste is not stored in an appropriate location.		Segregate waste material by hazard class. Waste must be stored in a designated satellite accumulation area where it is protected from environmental hazards.	
102	<i>Waste containers are appropriate and in good condition (e.g., kept closed when not in use, not compromised, compatible).</i>			30
	Waste containers are appropriate and in good condition (e.g., kept closed when not in use, not compromised, compatible).		Waste containers are not in good condition, compromised, or leaking. Waste containers are not kept closed. Waste containers are not compatible with materials inside.	
103	<i>Waste is properly labeled (e.g., legible, all contents).</i>			30
	Waste is not labeled properly.		Label unwanted hazardous material with a green tag and all label contents. Label hazardous waste with an orange tag and all label contents.	
104	<i>Waste streams are separated and contents are compatible.</i>			30
	Waste streams are inappropriately mixed in the same container. Waste constituents are not compatible.		Collect separate waste streams in separate waste containers. Ensure all waste constituents are compatible.	

Sort Order	Checklist Question	Findings Template	Corrective Action Template	Days To Correct
Waste Management				
105	<i>Waste is not stored beyond its allowable accumulation time.</i>			30
	Waste is stored beyond its allowable accumulation time.		Place a waste pickup request for these materials in LionSafe. Ensure waste is removed from space in a timely manner, and contact EHS if there are any delays. Link: https://lionsafe.psu.edu/	
106	<i>Waste is kept in appropriate secondary containment (e.g., leak proof, 110% volume of largest container, compatible).</i>			30
	Secondary containment is not leak proof, or large enough, or compatible for waste materials.		Replace with appropriate secondary containment.	
107	<i>Waste storage areas receive a documented, weekly inspection.</i>			30
	A weekly inspection is not documented.		Document weekly inspections of waste storage areas. The inspection log must be posted or readily available. Waste satellite accumulation area inspection log found here: https://ehs.psu.edu/laboratory-safety/forms	
108	<i>Waste storage area inspections are retained for 3 years.</i>			30
	Waste storage area inspection logs are not retained.		Retain waste storage area inspection logs for at least 3 years.	
109	<i>Waste accumulation area sign is posted.</i>			30
	Waste accumulation area sign is not posted.		Post waste accumulation area sign where waste is stored (at satellite accumulation area). Sign found here: https://ehs.psu.edu/laboratory-safety/forms	
General Safety and Housekeeping				
110	<i>Housekeeping is adequate (e.g., clean and orderly appearance, safe stacking and storage, no accumulation of trash or debris).</i>			30
	The space does not have a clean and orderly appearance. Housekeeping presents a hazard.		Clean and organize work area.	
111	<i>Sharps are properly managed (e.g., not unattended, disposed of properly).</i>			30
	Sharps are not properly managed. Sharps are laying on surfaces unattended. Sharps not disposed properly.		Consult with EHS for sharps management. Place sharps submerged in Styrofoam or similar material. Dispose of sharps in a rigid container with a lid that is properly labeled.	

Sort Order	Checklist Question	Findings Template	Corrective Action Template	Days To Correct
General Safety and Housekeeping				
112	<i>Hand washing supplies are available where required.</i>			30
	Hand washing supplies/facilities are not available.	Hand washing supplies and facilities are required in BSL1 or higher spaces. Hand washing supplies and facilities are required in chemical handling areas.		
113	<i>Adequate spill and incident response supplies/equipment are readily accessible.</i>			30
	Adequate spill materials are not available or location is unknown.	Consult Safety Data Sheets and EHS for adequate spill materials. Ensure all personnel are trained on location and use.		
114	<i>Lighting is adequate throughout the space.</i>			30
	Lighting is not adequate for the work in the space.	Work with OPP or your facility/maintenance representative to resolve lighting issues.		
115	<i>Appropriate emergency communications in place.</i>			30
	Inadequate emergency communication.	Work with EHS to determine appropriate emergency communication method.		
116	<i>Items for human consumption, ingestion, or application are not stored, used, or consumed in areas where hazardous materials are used or stored (e.g., food, drink, tobacco, cosmetics).</i>			30
	Items for human consumption present on/near contaminated areas.	Separate items for human consumption from contaminated areas.		
EHS Administration				
117	<i>General Comments or Other Deficiencies</i>			30
	Insert notes and comments as appropriate.	As appropriate use "FINDINGS" module to create and assign additional finding to responsible person(s) from the Inspection Question Library. Then add cross-reference to the Finding IDs to this Assessment.		