**Laboratory and Research Safety Self-Inspection Form**

*Submit your completed self-inspection to your department safety officer, who will submit it to EHS for review. A copy must also be kept in the Laboratory and Research Safety binder. Completed forms should be submitted to* *psuehs@psu.edu**.*

PI/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Yes** | **No** | **NA** |
| --- | --- | --- | --- |
| **A. Laboratory and Research Safety Plan** |
| 1. Has a Unit Specific Plan been completed?
 |[ ] [ ]   |
| 1. Is a paper copy of the Unit Specific Plan readily available in the lab?
 |[ ] [ ]   |
| 1. Has the Unit Specific Plan been reviewed within the last year?
 |[ ] [ ]   |
| 1. Has everyone in the lab signed a new Certification of Agreement page within the past year? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |[ ] [ ]   |
| 1. Are standard operating procedures (SOPs) developed and available for hazardous operations?
 |[ ] [ ]   |
| **B. Training** |
| 1. Have all personnel in the lab, **including PI**, completed Initial Laboratory and Research Safety Training and placed certificates in the Laboratory and Research Safety binder or record storage location?
 |[ ] [ ]   |
| 1. Have all personnel in the lab, **including PI***,* completed Refresher Laboratory and Research Safety Training within the past year and placed certificates in the Laboratory and Research Safety binder or record storage location?
 |[ ] [ ]   |
| 1. Have all personnel been instructed in specific and pertinent safety practices and potential hazards for the lab?
 |[ ] [ ]   |
| **C. Signs** |
| 1. Is a “Laboratory Information Door Sign” completed with up to date information and posted outside the lab?
 |[ ] [ ]   |
| 1. Are special hazard signs in place (e.g., lasers, biohazards, radioactive, etc.)?
 |[ ] [ ] [ ]
| **D. General Housekeeping** |
| 1. Are aisles and exits free from obstructions?
 |[ ] [ ]   |
| 1. Is food or drink only consumed outside the lab?
 |[ ] [ ] [ ]
| 1. Are benches and shelves not overloaded with unused equipment or chemicals?
 |[ ] [ ] [ ]
| 1. Is storage at least 24” from the ceiling?
 |[ ] [ ] [ ]
| 1. Is only glassware in good condition used (i.e. nothing broken or chipped)?
 |[ ] [ ] [ ]
| 1. Is Bunsen burner/micro burner tubing in good condition, free from cracks and splits?
 |[ ] [ ] [ ]
| 1. Are radioactive, biohazardous, and hazardous materials secured from unauthorized removal?
 |[ ] [ ] [ ]
| 1. Have all ladders been inspected within the past year, and individuals trained in their proper use and care?
 |[ ] [ ] [ ]
| **E. Personal Protective Equipment (PPE)** |
| 1. Are safety glasses with side shields worn as required?
 |[ ] [ ] [ ]
| 1. Are chemical splash goggles and face shields worn when appropriate?
 |[ ] [ ] [ ]
| 1. Are only closed toe shoes worn in the lab (no sandals or open toe shoes)?
 |[ ] [ ] [ ]
| 1. Are gloves selected and worn according to hazard?
 |[ ] [ ] [ ]
| 1. Is protective clothing selected and worn according to hazard (e.g., lab coats, splash aprons, flame resistant lab coats, etc.)?
 |[ ] [ ] [ ]
| **F. Safety Equipment: Showers, Eyewashes, and Fire Extinguishers** |
| 1. Are showers and eyewashes labeled, accessible, and unobstructed with 30” of clearance?
 |[ ] [ ] [ ]
| 1. Are eyewashes and drench hoses flushed weekly? Date last flushed: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |[ ] [ ] [ ]
| 1. Are fire extinguishers in designated locations and are these locations labeled (if necessary)?
 |[ ] [ ] [ ]
| 1. Are fire extinguishers and pull stations accessible and free from obstructions, with 36” of clearance?
 |[ ] [ ] [ ]
| **G. Chemical Inventory and Storage** |
| 1. Has chemical inventory been reviewed and updated within the last year in CHIMS? Last updated: \_\_\_\_\_\_\_\_\_
 |[ ] [ ] [ ]
| 1. Are chemicals dated upon receipt?
 |[ ] [ ] [ ]
| 1. Are all chemicals, especially peroxide formers, within their expiration date?
 |[ ] [ ] [ ]
| 1. Are all chemical containers, including wash bottles, labeled properly, capped, and in good condition?
 |[ ] [ ] [ ]
| 1. Is the storage of chemicals on, above, or next to desks avoided?
 |[ ] [ ] [ ]
| 1. Are all hazardous chemicals, including corrosives, solvents, and flammables, stored below "eye level"?
 |[ ] [ ] [ ]
| 1. Are chemicals segregated by hazard (organics away from oxidizers, flammables away from oxidizers, acids away from bases)?
 |[ ] [ ] [ ]
| 1. Is chemical storage kept to a minimum, with only chemicals to be used in upcoming work kept on hand?
 |[ ] [ ] [ ]
| 1. Is secondary containment used for elemental mercury use and storage?
 |[ ] [ ] [ ]
| 1. If more than 10 gallons total of flammable liquids, including waste, are present in the lab, is it stored in approved safety cans or flammable storage cabinets?
 |[ ] [ ] [ ]
| **H. Compressed Gases** |
| 1. Has inventory of compressed gas cylinders been updated within the last year in CHIMS?
 |[ ] [ ] [ ]
| 1. Are old and/or unused gas cylinders promptly returned to General Stores, the vendor, or submitted for chemical waste pick up?
 |[ ] [ ] [ ]
| 1. Are cylinders properly secured with a strap or chain in an upright position?
 |[ ] [ ] [ ]
| 1. Are stored cylinders tightly capped and kept to a minimum?
 |[ ] [ ] [ ]
| 1. Are flammable materials stored more than 20’ from oxygen cylinders?
 |[ ] [ ] [ ]
| 1. Are regulators, connections, and tubing in good condition?
 |[ ] [ ] [ ]
| 1. Is flammable gas tubing secured and labeled?
 |[ ] [ ] [ ]
| 1. If toxic gases are used, are appropriate leak sensors or alarms in place, regularly checked, and calibrated?
 |[ ] [ ] [ ]
| **I. Laboratory Waste** |
| 1. Is a current “Laboratory Satellite Accumulation Area” (SAA) sign hung near waste area?
 |[ ] [ ] [ ]
| 1. Do all chemical waste containers have a green tag attached?
 |[ ] [ ] [ ]
| 1. Are all green tags in use filled out completely with name, location, start date, and container contents sections complete?
 |[ ] [ ] [ ]
| 1. Are SAAs inspected weekly and documentation maintained? Last inspected: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |[ ] [ ] [ ]
| 1. Is the current SAA weekly inspection sheet being used to document weekly inspections?
 |[ ] [ ] [ ]
| 1. Is all waste in the SAA less than 11 months old?
 |[ ] [ ] [ ]
| 1. Is all waste stored in secondary containment?
 |[ ] [ ] [ ]
| 1. Is total volume of all waste less than 55 gallons?
 |[ ] [ ] [ ]
| 1. Are only red/orange biohazard labeled bags used for regulated medical (biohazard) waste?
 |[ ] [ ] [ ]
| 1. Are sharps, including needles, razor blades, scalpel blades, broken glass, etc., disposed of in rigid puncture proof containers?
 |[ ] [ ] [ ]
| **J. Laboratory Appliances** |
| 1. Are only "explosion proof" or "flammable storage" refrigerators/freezers used to store flammables?
 |[ ] [ ] [ ]
| 1. Are refrigerators/freezers that are not "explosion proof" or "flammable storage" clearly labeled "NO FLAMMABLES ALLOWED"?
 |[ ] [ ] [ ]
| 1. Are refrigerators/freezers labeled for "CHEMICAL/LABORATORY USE ONLY" or "FOOD USE ONLY" and used accordingly?
 |[ ] [ ] [ ]
| 1. Are microwaves labeled for "CHEMICAL/LABORATORY USE ONLY" or "FOOD USE ONLY" and used accordingly?
 |[ ] [ ] [ ]
| 1. Are the interiors of appliances in good condition and free of spills or contamination?
 |[ ] [ ] [ ]
| **K. Laboratory Hoods and Local Exhaust** |
| 1. Are chemical fume hoods working properly?
 |[ ] [ ] [ ]
| 1. Are chemical fume hoods free of chemical storage and excess equipment?
 |[ ] [ ] [ ]
| 1. Are hood sashes closed when not accessing?
 |[ ] [ ] [ ]
| 1. Have biological safety cabinets (BSCs) been tested and certified within the last year? Date of last certification: \_\_\_\_\_\_\_\_\_\_\_
 |[ ] [ ] [ ]
| 1. Has the use of open flames (Bunsen burners, alcohol laps, butane torches, etc.) in BSCs been eliminated?
 |[ ] [ ] [ ]
| **L. Electrical Safety** |
| 1. Is the lab free from exposed wiring and frayed cords?
 |[ ] [ ] [ ]
| 1. Are extension cords for temporary use only and not overloaded?
 |[ ] [ ] [ ]
| 1. Is the practice of connecting extension cords and power strips in series (daisy chaining) avoided?
 |[ ] [ ] [ ]
| 1. Are electrical panels free from obstruction, with 36” of clearance?
 |[ ] [ ] [ ]
| **M. 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 *Safety Risk Assessment for Lab Electrical Equipment* program?
 |[ ] [ ] [ ]
| 1. Has training been performed for those individuals who utilize the equipment?
 |[ ] [ ] [ ]
| 1. Has the equipment been modified in the last year? If so, has the risk assessment been updated?
 |[ ] [ ] [ ]
| **N. Vacuum Equipment** |
| 1. Are vacuum pump belt guards in place?
 |[ ] [ ] [ ]
| 1. Is all glassware attached to vacuum pumps wrapped or shielded?
 |[ ] [ ] [ ]
| **O. 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?
 |[ ] [ ] [ ]
| 1. Is machine guarding in good condition and working properly?
 |[ ] [ ] [ ]
| **P. Ultraviolet Light** |
| 1. Has an SOP been written for the use of ultraviolet light emitting devices?
 |[ ] [ ] [ ]
| 1. Has appropriate PPE been purchased, and is it being used, for work with ultraviolet light?
 |[ ] [ ] [ ]

Answering ‘NO’ to any question identifies an area of your lab that may require corrective actions.

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Name of PI/Supervisor (print) Signature of PI/Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Name of Department Head (print) Signature of Department Head Date