

# EOAS MONTHLY LABORATORY SAFETY CHECKLIST

Lab #: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Supervisor(s)' Name(s): (Please print name): \_\_\_\_\_

Person Completing Form (Please print name): \_\_\_\_\_

*To ensure this lab is always a safe workplace, the following items on this list must be checked at least once monthly*

Item	Month & Year:		
	Yes	No	Action Taken
<b>Laboratory dress:</b> Appropriate PPE Being used (lab coats, safety eyewear, etc.) No shorts, skirts or sandals.			
<b>Food Drink:</b> Not present in lab.			
<b>Housekeeping:</b> Area is clean and tidy. Aisles and doorways free of slip/trip/fall hazards. Adequate ventilation, lighting and temperature.			
<b>Spill Kit:</b> Present if required, and contains all necessary items.			
<b>Fume Hoods:</b> Kept tidy, functioning, annually certified, fume hood sash at/below arrow.			
<b>Flammables:</b> Less than 25L in the open lab. Containers no larger than 5L. Signage.			
<b>Gas Cylinders:</b> Properly secured in upright position. Valves closed when not in use. Located away from exits and sources of heat and moisture.			
<b>Eyewash:</b> Test and confirm that records of maintenance and testing are kept.			
<b>Chemicals:</b> Proper supplier/workplace label on all containers. MSDS readily available, incompatibles separated proper storage.			
<b>Waste Chemicals:</b> Any requiring disposal? Bring to B1054 and contact Environmental Services Facility @ 604-822-6306.			
<b>Equipment:</b> In good condition. Handled and stored appropriately. No electrical hazards present.			
<b>Signage:</b> Confirm present detailing hazardous material present in lab and emergency contact info is posted.			
<b>Maintenance issues:</b> Bring issues to the attention of the Facility Manager.			
<b>Safety issues:</b> Bring to the attention of the local Safety Committee Member.			
<b>Your signature:</b> _____	<b>Supervisor's signature:</b> _____		