



	Yes	No
General Laboratory Area		
1. Are the counter tops clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the floors clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are exits clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are shelves orderly and free of unsafe objects?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are chemicals that are out only those which are in use and in amounts as small as practical?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are sinks clean and free of unnecessary objects?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are general waste containers free of unprotected sharps and/or biological waste?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the lighting functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are adequate signs (Exit, Biohazard, etc...) posted and visible?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Laboratory Equipment		
1. Does electrical equipment (i.e. cords and connections) appear to be in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is lab equipment stored properly?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the lab free of unauthorized electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the lab free of extension cords being used in place of permanent wiring?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Safety Equipment		
1. Has the eyewash station been checked?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the safety shower been checked?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the fire extinguishers filled and checked?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the first aid kit properly supplied?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the spill kits properly supplied?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is adequate PPE available?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are MSDS sheets up to date and available?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the Crime Lab Safety Manual available?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are emergency numbers readily available?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Chemical Hood		
1. Has the air flow been checked?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are chemicals designated for the hood properly stored and labeled?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the hood area clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the sink clean and free of unnecessary objects?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the lighting functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Chemical Storage Room (4108)		
1. Are chemicals stored in appropriate containers?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are containers properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are chemicals stored at eye level or below?	<input type="checkbox"/>	<input type="checkbox"/>

4.	Are chemicals separated by hazard classification and reactivity?		
5.	Are chemicals that need refrigeration properly stored?		
6.	Are flammable and combustible materials properly stored in the flammable storage cabinet?		
7.	Have outdated chemicals been disposed of?		
8.	Is the floor clean and free of unnecessary clutter?		
9.	Is the entrance/exit free of obstructions?		
10.	Is the lighting functioning properly?		

		Yes	No
Analyst Room (4105)			
1.	Are the counter top/hood areas clean and free of unnecessary clutter?		
2.	Are the floors clean and free of unnecessary clutter?		
3.	Is the entrance/exit clear of obstructions?		
4.	Are shelves orderly and free of unsafe objects?		
5.	Are chemicals used in the bench area limited to amounts as small as practical?		
6.	Are sinks clean and free of unnecessary objects?		
7.	Has the air flow in the hood been checked?		
8.	Is the lighting in the room and hood functioning properly?		

		Yes	No
General Office Area (4106)			
1.	Are the counter top areas clean and free of unnecessary clutter?		
2.	Are the floors clean and free of unnecessary clutter?		
3.	Is the entrance/exit clear of obstructions?		
4.	Are shelves orderly and free of unsafe objects?		
8.	Is the lighting in the room functioning properly?		

		Yes	No
Analyst Room (4102)			
1.	Are the counter top/hood areas clean and free of unnecessary clutter?		
2.	Is the floor clean and free of unnecessary clutter?		
3.	Is the entrance/exit clear of obstructions?		
4.	Are shelves orderly and free of unsafe objects?		
5.	Are chemicals used in the bench area limited to amounts as small as practical?		
6.	Are sinks clean and free of unnecessary objects?		
7.	Has the air flow in the hood been checked?		
8.	Is the lighting in the room and hood functioning properly?		

		Yes	No
Analyst Room (4103)			
1.	Are the counter top/hood areas clean and free of unnecessary clutter?		
2.	Is the floor clean and free of unnecessary clutter?		
3.	Is the entrance/exit clear of obstructions?		
4.	Are shelves orderly and free of unsafe objects?		

5. Are chemicals used in the bench area limited to amounts as small as practical?		
6. Are sinks clean and free of unnecessary objects?		
7. Has the air flow in the hood been checked?		
8. Is the lighting in the room and hood functioning properly?		

	Yes	No
Analyst Room (4104)		
1. Are the counter top/hood areas clean and free of unnecessary clutter?		
2. Is the floor clean and free of unnecessary clutter?		
3. Is the entrance/exit clear of obstructions?		
4. Are shelves orderly and free of unsafe objects?		
5. Are chemicals used in the bench area limited to amounts as small as practical?		
6. Are sinks clean and free of unnecessary objects?		
7. Has the air flow in the hood been checked?		
8. Is the lighting in the room and hood functioning properly?		

	Yes	No
Compressed Gas Storage Rooms (Penthouse)		
1. Are the floors clean and free of unnecessary clutter?		
2. Are entrances/exits clear of obstructions?		
3. Are tanks properly secured?		
4. Do tanks, regulators and connections appear to be in proper working condition?		
5. Are rooms and tanks properly labeled?		
6. Is the lighting functioning properly?		

Comments:

Corrective Action:

Inspected By: _____ **Date:** _____