



	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 general waste containers free of unprotected sharps and/or biological waste?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are sinks clean and free of unnecessary objects?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the lighting functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are adequate signs (Exit, Biohazardous, 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. Are the fire extinguishers filled and checked?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the first aid kit properly supplied?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is adequate PPE available?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are MSDS sheets up to date and available?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the Crime Lab Safety Manual available?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are emergency numbers readily available?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Chemical Hood (4127)		
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
Biohazard Hood (4128)		
1. Has the air flow been checked?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the hood area clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the lighting functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Chemical Storage Area (4127)		
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 separated by hazard classification and reactivity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have outdated chemicals been disposed of?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Shoot Room (4129)		
1. Are the floors clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the entrance/exit clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is safety equipment (i.e. Ransom Rest) operational and stored properly?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the shoot tank in good operating condition?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the firing range backstop in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the shoot room ventilation system functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the ammunition storage cabinet organized ?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are boxes of ammunition in the ammunition storage cabinet dated properly?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the lighting in the room functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the entrance/exit clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Evidence Storage Room (4122)		
1. Are the floors clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the entrance/exit clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the evidence organized and stored properly?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the lighting in the room functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Analyst Room (4121)		
1. Are the counter top areas clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the floor clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the entrance/exit clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are shelves orderly and free of unnecessary objects?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the lighting in the room functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Analyst Room (4123)		
1. Are the counter top areas clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the floor clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the entrance/exit 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. Is the lighting in the room functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Analyst Room (4124)		
1. Are the counter top areas clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the floor clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the entrance/exit 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. Is the lighting in the room functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
ASCLD Room (4125)		
1. Are the counter top areas clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the floor clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the entrance/exit 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. Is the lighting in the room functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
IBIS Room (4126)		
1. Are the counter top areas clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the floor clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the entrance/exit 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. Is the lighting in the room functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Corrective Action:

Inspected By: _____ **Date:** _____