



	Yes	No
Office and 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 the sharps containers filled past capacity?	<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. Are sinks clean and free of unnecessary objects?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the lighting functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
10. 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. Have the eyewash stations 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 Hoods(4)		
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 Hoods(4)		
1. Has the air flow been checked?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are any chemicals present in the hood?	<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"/>

<p>Chemical Storage Area</p> <ol style="list-style-type: none"> 1. Are chemicals stored in appropriate containers? 2. Are containers properly labeled? 3. Are chemicals stored at eye level or below? 4. Are chemicals separated by hazard classification and reactivity? 5. Are chemicals that need refrigeration properly stored? 6. Have outdated chemicals been disposed of? 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Office Area (4202)</p> <ol style="list-style-type: none"> 1. Are the counter top 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. Is the lighting in the room functioning properly? 	<p>Yes</p> <hr/> <hr/> <hr/> <hr/>	<p>No</p> <hr/> <hr/> <hr/> <hr/>
<p>Clean Room (4204)</p> <ol style="list-style-type: none"> 1. Are the counter top 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. Is the sink clean and free of unnecessary objects? 5. Is the ventilation system functioning properly? 6. Is the lighting in the room functioning properly? 	<p>Yes</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Clean Room (4205)</p> <ol style="list-style-type: none"> 1. Are the counter top 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. Is the sink clean and free of unnecessary objects? 5. Is the ventilation system functioning properly? 6. Is the lighting in the room functioning properly? 	<p>Yes</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Clean Room (4208)</p> <ol style="list-style-type: none"> 1. Are the counter top 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. Is the sink clean and free of unnecessary objects? 5. Is the ventilation system functioning properly? 6. Is the lighting in the room functioning properly? 	<p>Yes</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Clean Room (4206)</p> <ol style="list-style-type: none"> 1. Are the counter top 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. Is the ventilation system functioning properly? 5. Is the lighting in the room functioning properly? 	<p>Yes</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>No</p> <hr/> <hr/> <hr/> <hr/> <hr/>

	Yes	No
Evidence Room (4207)		
1. Is the floor clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the entrances/exits clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the counter top areas clean and free of unnecessary clutter?	<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
Cooler (1), Freezers (2), and Refrigerators (2)		
1. Are the floors clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are entrances/exits and doors clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are shelves orderly and free of unsafe objects?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are biological materials properly packaged and labeled?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the lighting functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Dark Room (4209)		
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. Are chemicals used in the bench area limited to 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. Is the lighting in the room functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Storage Room (4211)		
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. Are chemicals used in the bench area limited to 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. Is the lighting in the room functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Corrective Action:

Inspected By: _____ **Date:** _____