



	Yes	No
Administrative Offices (4125, 4230, 4231, 4233 & 4234)		
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 general waste containers free of unprotected sharps and/or biological waste?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does electrical equipment (i.e. cords and connections) appear to be in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are the office areas free of unauthorized electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the office areas free of extension cords being used in place of permanent wiring?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are adequate signs (Exit, Biohazardous, etc...) posted and visible?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the lighting functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
Questioned Document Section (4232)		
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 general waste containers free of unprotected sharps and/or biological waste?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does electrical equipment (i.e. cords and connections) appear to be in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is lab equipment stored properly?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the lab free of unauthorized electrical equipment?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the lab free of extension cords being used in place of permanent wiring?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the lighting functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Hallways, Entrances & Exits		
1. Are the floors clean and free of unnecessary clutter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the entrances/exits clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the areas clear of unnecessary equipment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the lighting in the room functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Corrective Action:

Inspected By: _____ **Date:** _____