

SAFETY SURVEY CHECKLIST

Program _____

Group _____

Ames Laboratory

(Adapted from ISU Laboratory Safety Manual)

GROUP LEADER: _____ BUILDING/ROOM: _____

INSPECTED BY: _____ DATE: _____

- Note:** ✓ in the YES column means that no defect was observed at the time of the inspection.
✓ in the NO column means that action is required by the laboratory supervisor.
✓ in the NA column means that the item is not applicable.
** in the NO column means that a repeat violation exists.

QUALITY ASSURANCE/TRAINING

A. Needs Assessment Program	<u>YES</u>	<u>NO</u>	<u>NA</u>
1. Hazard Inventory/Job Task Analysis form complete and current for each employee.	_____	_____	_____
2. Training Needs Questionnaire complete and current for each employee	_____	_____	_____
3. ALTRS review complete for each group member	_____	_____	_____
4. Standard Operating Procedures (SOPs) current?	_____	_____	_____
5. All manuals (Safety, Laboratory Safety, etc.) present or electronically accessible?	_____	_____	_____

COMMENT: _____

INDUSTRIAL SAFETY

B. General Safety, Machine Guarding, PPE	YES	NO	NA
1. Ladders and step stools in good repair.	_____	_____	_____
2. Moving parts guarded, regularly inspected, controls identified.	_____	_____	_____
3. Appropriate personal protective equipment available, stored clean and dry and is in good repair.	_____	_____	_____
4. All areas clean and uncluttered.	_____	_____	_____
5. Hand washing soap and towels available.	_____	_____	_____
6. Sink hoses from public water supply above sink unless backflow devices installed.	_____	_____	_____

- | | | | |
|---|-------|-------|-------|
| 6. Lock Out Tag Out procedures and employee training current. | _____ | _____ | _____ |
| 7. Heavy objects/chemicals stored below six feet (unless secured) and ladder provided). | _____ | _____ | _____ |
| 8. Compressed air (>30 psi) used for cleaning has safety nozzle. | _____ | _____ | _____ |

C. Emergency Equipment & Procedures

- | | | | |
|--|-------|-------|-------|
| 1. Room emergency information cards current. | _____ | _____ | _____ |
| 2. Room fire extinguishers appropriate, mounted and unobstructed. | _____ | _____ | _____ |
| 3. Fire separation appropriate. | _____ | _____ | _____ |
| 4. Spill control kits available. | _____ | _____ | _____ |
| 5. Adequate egress (36") | _____ | _____ | _____ |
| 6. Appropriate first-aid kit available. | _____ | _____ | _____ |
| 7. Appropriate warning signs posted (i.e., PPE, First Aid Kit, Safety Shower, Fire Extinguisher, etc.) | _____ | _____ | _____ |
| 8. Eye wash in lab and unobstructed. | _____ | _____ | _____ |
| 9. Safety shower within 100 feet. | _____ | _____ | _____ |
| 10. Exit aisles unobstructed. | _____ | _____ | _____ |

D. Electrical Safety

- | | | | |
|---|-------|-------|-------|
| 1. Electrical equipment grounded. | _____ | _____ | _____ |
| 2. Electrical outlets grounded. | _____ | _____ | _____ |
| 3. Electrical outlets and switches in good condition. | _____ | _____ | _____ |
| 4. Electrical cords in safe condition. | _____ | _____ | _____ |
| 5. Extension cords and unbreakered power taps absent. | _____ | _____ | _____ |
| 6. Circuit breaker panels and emergency shutoffs labeled & unobstructed. | _____ | _____ | _____ |
| 7. Ground fault circuit breakers w/i 6' of water, labeled, operating correctly. | _____ | _____ | _____ |

COMMENT: _____

INDUSTRIAL HYGIENE

E. Chemical Management

- | | YES | NO | NA |
|---|------------|-----------|-----------|
| 1. All containers appropriately labeled. | _____ | _____ | _____ |
| 2. All chemical containers are securely closed when not in use. | _____ | _____ | _____ |
| 3. Incompatible chemicals stored separately and all chemicals stored by | _____ | _____ | _____ |

hazard category.

- | | | | |
|---|-------|-------|-------|
| 4. Chemical storage areas free of ignition sources. | _____ | _____ | _____ |
| 5. Refrigeration equipment properly labeled | _____ | _____ | _____ |
| 6. Flammable liquids in containers over 1 gallon are in safety cans. | _____ | _____ | _____ |
| 7. Flammable liquids greater than 10 gallons (combined capacity) stored in safety storage cabinets. | _____ | _____ | _____ |
| 8. Peroxide formers dated at purchase and again at opening of container. | _____ | _____ | _____ |
| 9. Peroxide formers disposed of within one year of purchase or within six months of opening. | _____ | _____ | _____ |
| 10. Catch trays used where appropriate. | _____ | _____ | _____ |
| 11. Vacuum equipment trapped or filtered. | _____ | _____ | _____ |
| 12. Chemical hoods are used properly. | _____ | _____ | _____ |
| 13. Chemical hoods tested in last year. | _____ | _____ | _____ |
| 14. Chemical inventories current and copies sent to ESH&A upon request. | _____ | _____ | _____ |
| 15. MSDS's for each hazardous chemical available during all work times. | _____ | _____ | _____ |
| 16. Respirator users (including disposable masks) fit tested and trained. | _____ | _____ | _____ |
| 17. Sink hoses from public water supply are above sink rim unless backflow device installed. | _____ | _____ | _____ |
| 18. Food, beverages not consumed in hazardous chemical areas. | _____ | _____ | _____ |
| 19. Gas cylinders secured, away from heat sources, labeled. | _____ | _____ | _____ |
| 20. Gas cylinders capped if not in use. | _____ | _____ | _____ |
| 21. Hazardous gas (fire & health rating 3 or 4) in ventilated enclosure. | _____ | _____ | _____ |

F. Bloodborne Pathogens

- | | | | |
|--|-------|-------|-------|
| 1. Infectious waste/sharps containers present. | _____ | _____ | _____ |
| 2. Needles/syringes capped. | _____ | _____ | _____ |

COMMENT: _____

ENVIRONMENTAL PROTECTION

G. Waste Management

- | | | | |
|---|-------|-------|-------|
| 1. Chemical waste storage area designated in each laboratory. | _____ | _____ | _____ |
| 2. Multiple laboratories store waste in one designated area. | _____ | _____ | _____ |
| 3. Waste containers properly labeled (chemical name, accumulation start date, etc.) | _____ | _____ | _____ |
| 4. Chemical waste containers properly sealed except when adding waste. | _____ | _____ | _____ |

5. Laboratory personnel trained in hazardous waste management. _____

COMMENT: _____

RADIOLOGICAL SAFETY

H. Radiological Materials	YES	NO	NA
1. Radiological materials used in laboratory?	_____	_____	_____
2. Users taken Rad Worker Training?	_____	_____	_____
3. Users utilizing dosimetry?	_____	_____	_____
I. Lasers			
4. Lasers used in laboratory?	_____	_____	_____
5. Users taken Laser Safety Training?	_____	_____	_____
6. Users taken Basic Electrical Training?	_____	_____	_____
J. X-rays			
7. X-ray units used in laboratory?	_____	_____	_____
8. Users taken X-ray Training?	_____	_____	_____
9. Users taken Basic Electrical Training?	_____	_____	_____

COMMENT: _____



ADDITIONAL COMMENTS: _____

Signature: _____ Date: _____