Date:

Please check YES, NO, or NOT APPLICABLE for each item. Comments may be written next to the question or at the end of the checklist. Note that questions marked NO require your attention and action. Additional sheets may be attached.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | No | N/A | HEALTH AND SAFETY CHECKLIST |
|  |  |  | **A. Written Safety Policies and Procedures** |
|  |  |  | 1. Does the plant have written procedures for the following? |
|  |  |  | a. Waste Minimization/Management |
|  |  |  | b. Chemical Spills |
|  |  |  | c. Planned Shut-Down of Electricity |
|  |  |  | 2. Have Standardized Operating Procedures (SOP’s) on procedures been written? |
|  |  |  | 3. Are the SOP’s up to date with current safety information? |
|  |  |  | 4. Is there an Accident Report Book? |
|  |  |  | 5. Are records kept of employee safety training? |
|  |  |  | 6. Are records kept of safety inspection results? |
|  |  |  |  |
|  |  |  | **B. Employee Training** |
|  |  |  | 1. Do personnel working with hazardous materials receiving training in the following? |
|  |  |  | a. Chemical Safety |
|  |  |  | b. Chemical Waste Disposal |
|  |  |  | c. Fire Safety |
|  |  |  | d. Fire extinguisher training |
|  |  |  | e. Chemical Spill Clean up |
|  |  |  | 2. Has training been given for proper selection, use, and maintenance of personal protective equipment? |
|  |  |  | 3. Does the supervisor keep records of what training was provided? |
|  |  |  | 4. Do the records contain the instructor’s name, date, who attended and scope of training? |
|  |  |  | a. Are records kept of the safety procedures/issues discussed at meetings? |
|  |  |  | 5. Have workers been instructed in the following? |
|  |  |  | a. What phone number to call for emergency assistance? |
|  |  |  | b. Where the fire alarm is located? |
|  |  |  | c. Where the nearest fire extinguisher is located? |
|  |  |  | d. How to evacuate upon hearing alarm or other warning? |
|  |  |  | 6. Do workers have up-to-date first aid and CPR certification? |

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| Yes | No | N/A | HEALTH AND SAFETY CHECKLIST |
|  |  |  | **C. Hazardous Material Safety** |
|  |  |  | 1. Do all personnel have access to all the Material Safety Data Sheets (MSDSs) you need during all hours of operation? |
|  |  |  | 2. How do you obtain MSDSs? |
|  |  |  | a. Electronic system in Department (CD ROM, Internet access) |
|  |  |  | b. Hard copies from manufacturer |
|  |  |  | 3. Is a current inventory of hazardous materials available? |
|  |  |  | a. If yes, does it include chemical amounts and container types? |
|  |  |  | b. If yes, is it accessible in times of emergency? |
|  |  |  | 4. Has procedures been modified to reduce or eliminate the use of mercury? |
|  |  |  | 5. If mercury is used, does the lab/area have access to mercury spill kit? |
|  |  |  | 6. Are chemical spill cleanup supplies readily available at all times? (e.g., Absorbents like spill pads, pillows, or diatomaceous earth and Neutralizers (like citric acid and sodium bicarbonate) |
|  |  |  | 7. If hazardous materials are stored, are they stored in: |
|  |  |  | a. A mechanically ventilated storage area? |
|  |  |  | b. Chemically-resistant containers? |
|  |  |  | c. Containers with hazard warning labels? |
|  |  |  | d. Designated areas such as placarded cabinets, shelves, etc.? |
|  |  |  | 8. Are incompatible hazardous materials isolated from each other (i.e., stored according to chemical class)? |
|  |  |  | 9. Are fewer than 4 liters of flammable liquids present in the room? (No means > 4 liters) |
|  |  |  | a. If No, are they stored in a flammable storage cabinet? |
|  |  |  | b. If No, are flammable liquids storage areas labeled (e.g., Flammable)? |
|  |  |  | c. If No, are flammable liquid storage areas away from open flames or sparks? |
|  |  |  | 10. Are piping (tubing), valves, and fittings compatible with the hazardous materials for which they are used, and checked periodically for integrity? |
|  |  |  | 11. Are compressed gas cylinders located in the room? |
|  |  |  | a. If Yes, are the cylinders secured with approved chains/straps at two points? |
|  |  |  | b. If Yes, are the cylinders capped when not in use? |
|  |  |  | c. If Yes, are the cylinders stored away from heat sources? |
|  |  |  | 12. Are chemical storage shelves: |
|  |  |  | a. Protected with a lip or barrier? |
|  |  |  | b. Designed and installed to carry the current load? |
|  |  |  | **D. WORK PLACE SAFETY** |
|  |  |  | 1. Does this lab use proper housekeeping practices which include: |
|  |  |  | a. Removal of residues on floor/bench tops? |
|  |  |  | b. Uncluttered benchtops? |
|  |  |  | c. Are aisles clear of obstructions that may inhibit or block safe exiting? |
|  |  |  | d. Are both sides of exits clear of obstructions that may impede safe use? |

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| --- | --- | --- | --- |
| Yes | No | N/A | HEALTH AND SAFETY CHECKLIST |
|  |  |  | 2. Electrical Equipment |
|  |  |  | a. Is equipment plugged into permanent wiring outlets (not extension cords)? |
|  |  |  | b. Are multi-plug fused power strips used if permanent wiring outlets are not available? |
|  |  |  | c. Is electrical equipment or power strip with frayed or damaged cord insulation or damaged plugs removed from service until the cord  is repaired? |
|  |  |  | 3. General Lab Equipment |
|  |  |  | a. Are belts, pulleys, and other exposed moving equipment parts guarded? |
|  |  |  | b. Is equipment serviced to ensure that it functions safely? |
|  |  |  | c. Are equipment service and inspection records kept? |
|  |  |  | 4. Is a first-aid kit approved for the size of the lab located in an easily accessible spot? |
|  |  |  | a. Is the lab first-aid kit fully stocked with non-expired materials? |
|  |  |  | 5. Is the general room ventilation adequate? |
|  |  |  |  |
|  |  |  | **E. PERSONAL PROTECTIVE EQUIPMENT (PPE)** |
|  |  |  | 1. When choosing the correct PPE such as gloves, which resources do the staff use: |
|  |  |  | a. MSDS? |
|  |  |  | b. Store’s Personnel? |
|  |  |  | c. Vendor catalogs? |
|  |  |  | d. Occupational Health and Safety |
|  |  |  | 2. If respirators (half face, full face, SCBA, Air Line) are being used: |
|  |  |  | a. Is the respirator use required? |
|  |  |  | b. Have users received training and fit testing in accordance with the WCB Occupational Health and Safety Regulations? |
|  |  |  | c. Are respirators properly inspected, cleaned, serviced, and stored? |
|  |  |  | d. If cartridges are used, are they the correct ones for each hazard exposure? |
|  |  |  | 3. Are safety glasses with side-shields, goggles, and face shields available for use if required for a process? |
|  |  |  | 4. Does protective clothing such as lab coats, aprons, sleeves, shoe covers, etc., provide appropriate protection from chemical, biological, or other hazards? |
|  |  |  | 5. Do all faculty, staff, and students: |
|  |  |  | a. Receive instruction on proper PPE selection? |
|  |  |  | b. Know how to select, use, and maintain equipment to protect eyes, mouth, and nose? |
|  |  |  | c. Know to remove contaminated protective clothing such as lab coats in the laboratory before leaving? |
|  |  |  | 6. Is appropriate personal protective equipment used by lab personnel? |

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| Yes | No | N/A | HEALTH AND SAFETY CHECKLIST |
|  |  |  | **F. GENERAL EMERGENCY PREPAREDNESS** |
|  |  |  | 1. Are the following posted: |
|  |  |  | a. Emergency instructions? |
|  |  |  | b. Emergency phone numbers? |
|  |  |  | c. Chemical, biological, radiation, and fire emergency instructions? |
|  |  |  | 2. Do employees know: |
|  |  |  | a. The location of the nearest fire alarm pull box? |
|  |  |  | b. The number of exits (doors) in the room? |
|  |  |  | c. The number of escape kick-out panels in room? |
|  |  |  | d. That fire codes prohibit the use of any door wedges? |
|  |  |  | e. The location of the fire extinguisher in this room? |
|  |  |  | f. Where a complete/up-to-date first-aid kit is located in the lab? |
|  |  |  | g. Who has a current first-aid certification? |
|  |  |  | h. The location of a chemical spill kit? |
|  |  |  | 3. Have employees been provided information about the importance of personal emergency preparedness? |
|  |  |  | 4. If the lab has an emergency preparedness kit or supplies, have it/they been checked in the last 6 months? |
|  |  |  |  |
|  |  |  | **G. OCCUPATIONAL HEALTH** |
|  |  |  | 1. Do all personnel know that they must advise their supervisor of any incident or accident resulting in injury or disease and either fill out the Accident Report Book or the appropriate WCB forms if there is time loss or medical expense? |
|  |  |  | 2. Do staff know that Campus Security provides Occupational First Aid? |
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| Comments: | | | |
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| Corrective Action Items: | | | |
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REVIEWED Name:

Signature: Date: