



SAFETY SELF-INSPECTION TAG

IVES LIFE	Building:				
	Room:	_			
Contact Person:					
VEAD.					
YEAR:					
MC	NTH:	INSPE	ECTED I	BY:	
January					
February					
March					
Apı	ril				

July
August
September
October
November
December

ONGOING:

May

June

- **Immediate Hazards** identify any observed hazards and address as appropriate, e.g.
 - o poor housekeeping
 - o inadequate attire and/or PPE
 - o food/drink/cosmetics in lab
 - o improper labeling of materials or unattended experiments
 - o propped doors
 - o obstruction of exits, aisles, pull stations or emergency equipment
 - o unsafe equipment or work practices

WEEKLY (as applicable):

- **Eyewash** - activate eyewash station to flush line and ensure proper operation; ensure area around station is clear

MONTHLY (as applicable):

- **Fire Extinguisher -** confirm extinguisher is in place & verify it is fully charged (green zone on pressure gauge)
- First Aid/Spill kit check kit contents and replace items if required
- Fume hoods check certification of alarms & notify EHS if certification has expired. Notify PR if malfunctioning. Ensure work area & airflow is not obstructed
- BSCs check certification and notify EHS if certification has expired. Notify BSC manufacturer if BSC is malfunctioning. Ensure work area & airflow is not obstructed
- Chemical Storage inspect storage areas for leakage, expired/old chemicals, and separation of incompatibles. Ensure flammables are stored in flammable storage cabinets.

PERIODICALLY/ANNUALLY (as applicable):

- **Chemical Inventory -** confirm MSDSs are available for all chemicals in the lab and online inventory is up to date
- Warning Signs confirm signage required for biosafety, radioactive materials, lasers, mechanical hazards, noise, chemical or electrical hazards are in place and visible