

MCB LAB AND SUPPORT ROOM SAFETY SELF-INSPECTION TAG



SSC Room # _____ Year: _____

Contact Person: _____

| Month / Year | Inspected by: |
|--------------|---------------|
| January | |
| February | |
| March | |
| April | |
| May | |
| June | |
| July | |
| August | |
| September | |
| October | |
| November | |
| December | |

IMMEDIATE HAZARDS – (as applicable)

- poor housekeeping
- inadequate attire and/or personal protective equipment
- food/drink/cosmetics in lab
- improper labeling of materials or unattended experiments
- propped doors
- obstruction of exits or emergency equipment
- unsafe equipment or work practices

MONTHLY: (as applicable)

- **Eyewash** – activate eyewash station for 3 minutes to flush line; ensure area around station is clear
- **Fire Extinguisher** – confirm extinguisher is in place and verify it is fully charged (green zone on pressure gauge)
- **Exit Routes** – verify aisles and alarm pull stations are clear from obstruction
- **First Aid** – check kit contents and replace items if required
- **Spill Kit** – check kit contents and replace items if required
- **Eyewash bottles** – check expiry and replace if required
- **Fume hoods/BSCs** – check certification and notify EHS if certification has expired or hood/BSC is malfunctioning. Ensure work area and airflow is not obstructed
- **Chemical Storage** - inspect storage areas for leakage, expired/old chemicals, and separation of incompatibles

PERIODICALLY/ANNUALLY (as applicable):

- **Chemical Inventory** – confirm that MSDS/SDS (Safety Data Sheets) are readily available (paper or online) for all chemicals in the lab. Ensure that the lab chemical inventory is up to date with a printed copy readily available
- **Warning Signs** – confirm that signage required for biosafety, radioactive materials, lasers, mechanical hazards, noise, chemical or electrical hazards are in place and visible

OTHER: (as applicable)