

KSU COLLEGE OF AGRICULTURE LABORATORY SAFETY INSPECTION CHECKLIST

| | |
|--------------------------------|----------------------|
| Building & Room(s): | Inspected By: |
| PI/Area Supervisor: | Date: |

All laboratory spaces containing hazardous materials must be inspected at least annually by EH&S. Laboratory self-inspections should be conducted monthly. For each item put an 'X' for Yes, No or N/A. Be sure to retain all documentation regarding inspections, including findings **and** corrective actions taken for any "No" responses, for a minimum of 3 years. Contact EH&S at 785-770-2289 for questions or additional information.

| Y | N | N/A | DOCUMENTATION & TRAINING |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. KSU Lab entrance signs with current contacts and emergency numbers posted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. KSU Laboratory Safety Manual accessible? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Lab Safety (Chemical Hygiene) Plan accessible and up-to-date? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Other required manuals (Biosafety, Radiation Safety, Laser Safety) accessible and up-to-date? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Chemical inventory is registered in KSU EHS Assistant and up to date? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. New employees/students are trained on safe procedures and complete the orientation checklist? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. All lab personnel have completed lab safety and hazardous waste training? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. As needed, lab personnel have completed specialized training (BBP, BSL-2, Shipping, Laser, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Up-to-date lab specific procedures (Working Alone, SOPs, Lab Accident Protocols)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Monthly Laboratory Safety Self-Inspections are up-to-date and issues addressed? |

| Y | N | N/A | EMERGENCY EQUIPMENT |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Appropriate fire extinguisher for the hazard is present, charged, inspected and unobstructed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Eyewash is present (w/in 10 sec.), unobstructed, tested and tagged by lab weekly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Safety shower is present (w/in 10 sec.), unobstructed, tested and tagged by Facilities? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Spill kit is available and lab personnel are trained in spill clean-up procedures? |

| Y | N | N/A | PERSONAL PROTECTIVE EQUIPMENT (PPE) |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. PPE (eyewear [safety glasses/goggles/face shield], gloves, lab coats) available and used in the lab? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Visitor glasses readily available (if visitors permitted)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Proper chemical resistant/heat resistant/cryogenic/puncture resistant gloves? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Long pants and closed shoes (no open toe or canvas shoes) worn? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Appropriate rubber apron available (if concentrated acid/base use)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. PPE not used in food areas, elevators, opening doors, etc.? |

| Y | N | N/A | GENERAL HAZARDS |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Corridors and exit door unobstructed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Adequate lighting for tasks? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Excess trash, boxes and paper promptly removed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. No eating/drinking/food storage in lab (except in designated areas)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Handwashing facility (with liquid soap) available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Proper disposal of needles and sharp objects (red for biohazards, white for non-hazardous)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Proper disposal of broken glass waste (lined cardboard box)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Lab equipment moving parts are guarded? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Gas cylinders are secured away from heat sources, and capped when not in use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Empty or unused gas cylinders have been returned to the supplier or disposed of? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Brittle tubing or any other equipment with evidence of cracking has been replaced? |

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| Y | N | N/A | FIRE SAFETY |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. The fire rating of the lab space is consistent with the Occupancy Classification? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. The fire rating of the facility is consistent with the Occupancy Class? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Excess combustible loading was not observed? |

| Y | N | N/A | ELECTRICAL |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. Proper power cord use (good housekeeping, no trip hazard)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Extension cords – temporary use> remove when you leave the lab, single only? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Power strips (UL approved surge protectors) – computer equipment only? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • No cording through walls, floors or ceiling? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. Electrical cords not frayed or taped and good insulation provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37. Three pronged plugs not altered; ground pins in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. Ground Fault Circuit Interrupters on outlets with six feet of wet locations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39. Electrical panel not obstructed and circuits labeled? |

| Y | N | N/A | LABORATORY REFRIGERATOR/FREEZER |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 40. No Food or Drink sign posted on door? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 41. Food/drink not stored in lab? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 42. Flammables stored in approved safety refrigerator? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 43. In shared rooms emergency contact info posted on equipment? |

| Y | N | N/A | CHEMICAL STORAGE |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 44. Chemicals stored by compatibility group (flammables, oxidizers, acids, bases, reactives, toxins)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 45. Incompatible chemical physically separated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 46. Chemicals properly labeled (no chemical formulas)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 47. Storage areas labeled with compatibility group? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 48. No excess chemicals on bench tops/in hood/under sinks? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. Flammable storage: <5 gallon (19L) outside flammable cabinet? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. Controlled substances in sturdy, locked cabinet or safe? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51. Unstable, reactives or explosives marked with date received and opened date? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. Peroxide formers marked with date to be discarded/tested? |

| Y | N | N/A | HAZARDOUS MATERIALS/WASTE |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. Time waste pick-up requests (no build-up of waste in lab)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. Waste containers have tightly closed lids that do not leak? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55. All waste containers are closed unless actively receiving waste? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56. All hazardous materials and oil pumps stored in secondary containment free of spilled material? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57. Waste containers at or near the point of generation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 58. No waste is poured down the drain without prior approval from EH&S? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 59. Container Labeling? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Waste containers are clearly labeled with the word “Hazardous Waste”? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • All containers, including non-haz wastes, legibly labeled with the full chemical or trade name? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • The specific chemical content (no abbreviation/formulas) is stated on each waste container? |

**KSU COLLEGE OF AGRICULTURE
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| Y | N | N/A | ENGINEERING CONTROLS – FUME HOODS AND BIOSAFETY CABINETS |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 60. Exhaust, alarm and motion detector working properly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 61. Chemical fume hood annual EHS evaluation sticker up-to-date? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 62. Sash kept at or below marked height except for set-up? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 63. Sash kept closed when not in use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 64. Hood housekeeping – properly maintained, no excess storage? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Haz chemicals used at least six inches inside hood? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Larger items on block and not blocking baffles? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • No power strips or surge protectors inside hood? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Hood not being used for long-term chemical storage? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 65. Biosafety cabinets certified within past year (if required)? |

| Y | N | N/A | PHYSICAL HAZARDS |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 66. Belts, pulleys, rotating parts guarded (especially vacuum pumps)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 67. Stop switches easily accessible? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 68. Equipment is secured, e.g., bolted to floor? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 69. Electrical disconnect unobstructed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 70. Unattended operating equipment labeled/posted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 71. Glassware used at pressures other than ambient is taped or shielded? |

| Y | N | N/A | GAS CYLINDERS |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 72. Properly secured (individual chain/cable recommended)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 73. Cylinders in storage labeled as empty or full? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 74. Caps on cylinders when not in use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 75. Toxic gases used only in fume hoods or ventilated gas cabinets? |

| Y | N | N/A | BIOLOGICAL WASTE |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 76. Red Sharps containers? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Properly labeled containers with biohazard symbol? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Needles not bent or recapped? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • No sharps containers greater than 2/3 full? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 77. Biological Waste treated in the lab? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Autoclave bio-indicator log maintained? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • Chemically disinfected waste request for approval on file? |

| Y | N | N/A | BIOSAFETY LEVEL 2 (BSL2) |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 78. Easily cleanable surfaces and laboratory furniture (non-porous chairs)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 79. Hand washing sink? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 80. Safety eyewash and emergency shower? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 81. Inline HEPA filters? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 82. Biohazard symbol on lab equipment used for BSL-2 work? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 83. Entryway signs denoting BSL-2 lab space? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 84. Sharps and aerosol generation precautions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 85. Routine decontamination disinfectants available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 86. Are agent specific fact sheets available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 87. Is there a process for agent inventory control? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 88. Is the BSC Certification current? |

