

Office of Safety
 University of North Dakota
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LAB SAFETY AUDIT FORM



DATE OF SURVEY:	CONDUCTED BY:	BUILDING:
ROOM NUMBER:	DEPARTMENT:	PRINCIPAL INVESTIGATOR:
E-MAIL ADDRESS:		
RESPONSIBLE PERSON (OTHER THEN PI):		
PHONE NUMBER:	E-MAIL ADDRESS:	

Item #	Item	Yes	No	CTI	N/A	Comments: CTI=Corrected At Time of Inspection
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SECTION A: GENERAL LAB SAFETY

A.1	The laboratory doors are posted with the current Office of Safety issued signage and display up to date emergency contact information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.2	All lab doors are self-closing and secured when lab is unoccupied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.3	All personnel know how to access the Office of Safety website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.4	All personnel know how to access University's Chemical Hygiene Plan on the Office of Safety website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.5	All personnel know how to access University's Hazard Communication Program on the Office of Safety website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.6	Chemical Inventory complete, current, and maintained in local area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.7	All SDS's are on file in department and readily accessible to personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.8	Safety training records are current and complete (Lab Safety, Fire Safety, Hazardous Waste Mgmt., Biosafety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.9	Emergency Response Procedures posted in lab.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.10	Facility specific emergency plans are available and up-to-date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.11	Exits and aisles have a 28-inch clearance which is clear and free of potential obstructions in case of emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A.12	Exit signs readily visible, when required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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SECTION B: SPILL and EMERGENCY PLANNING

B.1	Employees familiar with the fire safety and building evacuation procedures including evacuation routes, nearest fire exits, fire alarm pull stations, and fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.2	Emergency procedures and phone numbers clearly posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.3	First aid kit readily available and marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.4	Are any "antidotes" or special first aid materials required and available (e.g., Hydrofluoric Acid = Calcium Gluconate)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.5	Spill clean-up kit available, marked, and laboratory staff familiar with their use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.6	Safety shower unobstructed, tested, and documented monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.7	Eye wash station unobstructed, tested, flushed, & documented weekly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B.8	Exits clearly marked and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION C: PERSONAL PROTECTION EQUIPMENT, CLOTHING and ENGINEERING CONTROLS

C.1	Personnel wear shoes that fully cover feet and full length clothing to protect legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.2	Long hair confined? Jewelry, lanyards and other loose articles are confined or removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.3	Lab coats of appropriate material available and worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.4	Appropriate gloves available and worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.5	Goggles, face shields, if required are of appropriate type and worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.6	Respirators available and used in the laboratory? If yes...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.6a	Respirator training, fit test and medical evaluation completed for employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.6b	Respirators cleaned, stored, and inspected regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.7	Chemical fume hood available? If yes...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.7a	Chemical fume hood free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.7b	Chemical fume hood inspected within last 12 months and capable of drawing at least 100 LFPM (or more if appropriate)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.7c	Chemical hoods equipped with air flow indicator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.7d	Perchloric acid operations conducted in specialized wash-down chemical hoods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.8	Mechanical pipetting used, no mouth pipetting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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SECTION D: CHEMICAL SAETY

D.1	Appropriate labels are found on all hazardous chemical containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.2	Containers are in good condition (e.g., labels intact, metal cans free of rust) and closed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.3	All secondary containers are labeled in accordance with the UND's HAZARD COMMUNICATION PRORAM. http://und.edu/finance-operations/office-of-safety/_files/docs/hazard-communication-program-7-15.pdf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.4	Containers properly segregated by hazard class (e.g., flammables away from oxidizers, acids separate from bases, incompatible acids separated)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.5	Storage of chemicals above eye level is avoided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.6	Flammable liquids stored in OSHA/NFPA approved cabinets and safety containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.7	Flammables liquids requiring refrigeration stored in either explosion proof or flammable resistant refrigerators and freezers (i.e., no regular refrigerators)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.8	Ignition sources avoided when using/storing flammables?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.9	Corrosives stored in acid cabinets or other appropriate cabinets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.10	Peroxide formers properly labeled and inventory tracked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.11	Picric acid sufficiently wet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.12	Large containers (4L or greater) stored near the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.13	Bottle carriers or carts utilized when transporting hazardous chemicals between work areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.14	Proper signs delineate designated areas where high hazard chemicals are used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D.15	Designated area properly cleaned and decontaminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION E: BIOLOGICAL SAFETY

E.1	Are biological materials used in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.1a	Biological materials are not stored in hallways in unlocked freezers or refrigerators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.1b	Biohazard signs are posted in labs handling infectious materials (BSL2 and higher).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.1c	Disinfectants are on hand for sanitizing bench tops and treating spills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.2	Biological Safety Cabinet available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.2a	Biological Safety Cabinet free of clutter and surfaces decontaminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.2b	Biological Safety Cabinet certified within last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E.2c	Biological safety cabinet(s) was certified within the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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SECTION F: IONIZING and NON-IONIZING RADIATION

F.1	Are radioactive materials used in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1a	Pure beta emitters (e.g., P-32, P-33, S-35, C-14)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1b	Gamma and x-ray emitters (e.g., I-125, I-131, Cr-51, Na-22)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1c	Volatile, gaseous radioisotopes (e.g., I125) or aerosol/dust generating laboratory operations (e.g., vacuum flasks)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1d	Sealed sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1e	Irradiators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1f	X-ray generating equipment (Electron Microscope, X-ray diffraction, Diagnostic X-ray, Computed Tomography)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1g	Is the proper shielding available for the types of radioisotopes being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1h	Are appropriate meters available for radioactive material used and are meter(s) calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1i	Are radiation workers provided personal monitoring when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1j	Are all appropriate signs posted? (Radiation Labels, Notice to Employees and Emergency Procedures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1k	Are all spaces and items which store, handle or use radioactive materials properly labeled with "Radioactive Material", "Radiation Area" or other applicable hazard warning labels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.1l	Are radioactive materials secured/locked against unauthorized access from non-authorized users?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.2	Is non-ionizing radiation used in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.2a	Laser – Class 1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.2b	Laser – Class 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.2c	Laser – Class 3a?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.2d	Laser – Class 3b?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.2e	Laser – Class 4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.2f	Personal protective equipment (e.g., eye protection) or shielding available specific to the Class lasers used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F.2g	Laser hazard warning signage posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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SECTION G: COMPRESSED and CRYOGENIC GAS

G.1	Are compressed gas cylinders used in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.2	Cylinders stored upright and properly secured at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.3	Caps properly secured when cylinders are not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.4	Proper regulators used for type gas, cylinder valve off when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.5	Cylinders in good condition and clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.6	Flammables stored separately from oxidizers, toxics in secure area, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.7	Cylinders of flammable gases stored in ventilated enclosures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.8	Cylinders moved on cylinder trucks with regulators removed and caps secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.9	Cylinders of toxic gases (e.g., NFPA health hazard 2, 3 & 4) stored and used in continuously ventilated enclosures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.10	Cryogenic gas cylinder pressure relief valves in proper working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G.11	Oxygen monitor available in areas with increased likelihood of oxygen deficient atmospheres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION H: EQUIPMENT SAFETY

H.1	Are equipment safety signs posted and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H.2	Are all guards and shields in place and secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H.3	Is equipment in good repair with evidence of proper maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H.4	Are electrical cords in good condition, out of travel paths, and free of any cracks or breaks in insulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H.5	Have all users been trained to operate this equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H.6	Have there been any modifications to the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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SECTION I: GENERAL LAB SAFETY

I.1	Eating, and drinking prohibited in lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.2	Lab benches and work areas free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.3	Shelves and cabinets in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.4	Shelves and cabinets secured to walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.5	Storage above eye level minimized and items restrained from falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.6	Refrigerators and freezers clearly labeled "Not for Storage of Food for Human Consumption"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.7	No storage of food or drink in refrigerators, unless dedicated for such and clearly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION J: WASTE MANAGEMENT

J.1	Wastes are not discarded via trash or drain disposal unless specifically approved by the appropriate authority (e.g., Safety Office)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.2	Chemical inventory management/ordering system in place and checked before ordering new chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.3	Waste containers tightly closed unless actively adding or removing waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.4	Waste containers are in good condition (not leaking, rusted, bulging or damaged)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.5	Each container is marked with the words "Hazardous Waste"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.6	Each container is marked with full chemical names identifying the contents stored inside (no abbreviations or formulas)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.7	Waste containers storing liquid hazardous waste at or near sinks and drains and are stored within secondary containment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.8	Sharps wastes are immediately discarded into proper puncture resistant containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.9	Sharps containers are readily available and managed appropriately (e.g., not overfilled)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.10	Is biological waste generated in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.11	Biological waste liquids decontaminated (if applicable) prior to disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.12	Biological waste solids discarded as regulated medical waste and autoclaved or disinfected as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.13	Is radioactive waste generated in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.14	Is mixed waste (e.g. scintillation vials and any other radioactive and hazardous chemical waste mixture) generated in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J.15	Are the radioactive waste containers properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

