



University of Colorado at Boulder
Department of Environmental Health & Safety
 Environmental Health & Safety Center 1000 Regent Drive
 (303) 492-6025 FAX (303) 492-2854 Campus Box 413
 E-mail: EHS@colorado.edu http://ehs.colorado.edu

SAFETY CHECKLIST

Location: _____		Department: _____	
Space Description: <input type="checkbox"/> Laboratory <input type="checkbox"/> Shop <input type="checkbox"/> Chemical Storage Area <input type="checkbox"/> Mechanical Room <input type="checkbox"/> Other		Campus Box _____	
Space Use (Check all that apply):			
<input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Biological Waste <input type="checkbox"/> Lasers		<input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Radioactive Materials <input type="checkbox"/> X-Rays	
Principal Investigator (PI): _____		Proctor: _____	
PI Phone: _____		Phone: _____	
Emergency Phone: _____		Emergency Phone: _____	
E-mail: _____		E-mail: _____	

KEY: S = Satisfactory NI = Needs Improvement U = Unacceptable N/A = Not Applicable

A) Hazardous Waste - Regulatory Requirements

- 1) All waste containers are labeled as "hazardous waste."
- 2) All waste containers are labeled with constituents.
- 3) All waste containers are kept closed except when in use; appropriate containers used, not leaking.
- 4) All hazardous wastes are separated by compatibility.
- 5) All hazardous liquid wastes have pollution prevention methods in place, i.e., secondary containment.
- 6) Expired, old, or unwanted chemicals are tagged for disposal or redistribution.
- 7) Waste areas are designated as Satellite Accumulation Areas (SAA's), <55 gals. of haz. or 1 qt. acutely haz. waste/area.
- 8) Weekly SAA inspections are recorded on inspection log.
- 9) All personnel that handle or generate hazardous waste meet annual training requirements.
- 10) Posted emergency and evacuation procedures.
- 11) All personnel handling biohazardous/biomedically appearing waste, follow disposal requirements.

NOTES _____

B) Chemical Hygiene - Required Best Practices

- 1) All liquid chemicals have secondary spill control when appropriate.
- 2) All chemicals are separated by compatibility.
- 3) All chemical and waste containers are labeled with full chemical name(s), i.e., hydrochloric acid, not HCL.
- 4) All chemical containers are kept closed when not in use.
- 5) Proper storage of chemicals in refrigerators/freezers.
- 6) Rotovaps and water aspirators have traps to collect solvent vapors.
- 7) EH&S protocols for hydrofluoric acid, perchloric acid and other reactives are followed.
- 8) Maintain a chemical inventory that is updated annually.
- 9) MSDS's are alphabetically indexed, visible, and accessible.

NOTES _____

SAFETY CHECKLIST

Location: _____	Department: _____
Principal Investigator (PI): _____	Proctor: _____

C) Compressed Gas Cylinders - Required Best Practices

- 1) All cylinders are legibly marked to identify the gas contained in them.
- 2) All cylinders have a status tag to indicate if the cylinder is "full", "in-service" or "empty."
- 3) All compressed gas cylinders are stored away from heat sources.
- 4) All cylinders are secured to a stationary bench or wall.
- 5) All cylinders are stored separately by hazard class w/space-barrier or fire-rated wall (reactive, flammable, acid, base, oxidizer.)
- 6) All high hazard gases used and/or stored in a ventilated gas storage cabinet (please list below.)

NOTES _____

D) Personal Protective Equipment (PPE) & Safety Equipment: Is equipment being used & properly maintained?

- | | |
|---|---|
| <input type="checkbox"/> 1) Eye Protection: Safety Glasses, Laser Goggles, etc. | <input type="checkbox"/> 6) Safety Shower |
| <input type="checkbox"/> 2) Dermal Protection: Gloves, Lab Coats, Closed-Toed Shoes, etc. | <input type="checkbox"/> 7) Drench Hose |
| <input type="checkbox"/> 3) Hearing Protection | <input type="checkbox"/> 8) Eye Wash |
| <input type="checkbox"/> 4) Mounted Fire Extinguisher | <input type="checkbox"/> 9) First Aid Kit |
| <input type="checkbox"/> 5) Electrical Equipment | <input type="checkbox"/> 10) Other |

NOTES _____

E) General Housekeeping: Are these areas clean, organized, and clear?

- | | |
|--|---|
| <input type="checkbox"/> 1) Chemical Fume Hoods (50% footprint) and Storage Cabinets | <input type="checkbox"/> 4) Exits, Aisles, Hallways, 18" clearance below sprinklers |
| <input type="checkbox"/> 2) Biological Safety Cabinets/ Clean Hoods | <input type="checkbox"/> 5) Storage Areas for Biological, Chemical, and Radioactive Waste |
| <input type="checkbox"/> 3) Laboratory Bench Tops and General Work Areas | <input type="checkbox"/> 6) Required placards are posted in appropriate location. |

NOTES _____

Inspected by: _____	Date: _____
Is a follow-up visit from EH&S required? <input type="checkbox"/> Yes <input type="checkbox"/> No Scheduled date of follow-up: _____	
The proctor will complete a report addressing any compliance and/or safety concerns found at the time of the inspection. In addition, he will be asked to provide names of those working with hazardous materials in their area for training verification. This report should be returned to EH&S within three weeks of the inspection.	
Proctor Signature: _____	

cc: Principal Investigator
Proctor

