



Laboratory Safety Walk Through Form

Date: _____ Department: _____ Building: _____ Room# / Name: _____

PI/Supervisor Name: _____ Department Safety Coordinator Name: _____

RMS Staff Assessor: _____ RMS Staff Contact: _____

<i>ITEM</i>	<i>Meets Standards</i>	<i>At Risk</i>	<i>Not Applicable</i>	<i>ITEM</i>	<i>Meets Standards</i>	<i>At Risk</i>	<i>Not Applicable</i>
PPE General				Hazardous Waste			
PPE Specific				Biological			
Housekeeping				Radiation			
Chemical Storage/Use				Other			

Action Items:

- Corrected During Inspection: _____
- Other: Explain method to follow for completion.

Comments: _____

Example Criteria

<p>PPE GENERAL (Closed toe shoes with a substantial sole, no halter tops unless completely covered with a lab coat, shirt with equivalent coverage of a T-shirt, etc.)</p> <ul style="list-style-type: none"> ● Good condition ● Being worn & used properly 	<p>HAZARDOUS WASTE</p> <ul style="list-style-type: none"> ● Containers properly labeled & in good condition ● Containers clean & closed securely ● Containers closed except when filling ● Containers stored in area away from sink or secondary containment if stored inside sink with drain stopper in place ● Incompatible wastes stored next to one another in secondary containment ● No waste containers stored in hallway ● No food containers used for waste
<p>PPE SPECIFIC (Safety Glasses, Laser Eyewear, Gloves, Face shield, Goggles, Respiratory Protection, Hearing Protection, etc.)</p> <ul style="list-style-type: none"> ● Proper equipment when handling chemicals, biological materials, using lasers & performing live electrical work. ● Eye protection worn when chemicals are in use in lab ● Proper PPE when handling radioactive materials (eyewear, gloves and lab coat) ● Worn & properly maintained ● Good condition 	<p>BIOLOGICAL</p> <ul style="list-style-type: none"> ● Wastes properly labeled, contained (closed containers) & decontaminated ● Waste containers not overfilled ● BSL 2 agents secured from unauthorized use or removal ● No upholstered furniture or carpeting in BSL 2 areas ● No work with hazardous materials performed outside of biosafety cabinet ● No materials moved from lab or work area to another
<p>HOUSEKEEPING</p> <ul style="list-style-type: none"> ● Area uncluttered, free of excessive storage of materials, free of slip/trip/fall hazards ● Emergency routes & equipment such as fire extinguishers, emergency showers, emergency eyewash stations unobstructed. ● Laboratory hoods / biosafety cabinets uncluttered with 80% of back vent clear & items stored at least 6 inches from sash. 	<p>RADIATION</p> <ul style="list-style-type: none"> ● Wastes properly labeled & secured against unauthorized use or removal ● Film badges worn ● Contamination surveys & inventory updated & maintained ● Work surfaces covered with absorbent paper or trays used where open, non-sealed sources are used. ● Proper shielding ● If applicable, check radiation survey meter for operation. This is not applicable if solely using Tritium or C14. ● Note: If any radiation issues are found, contact RSO or RSS.
<p>CHEMICAL STORAGE / USE</p> <ul style="list-style-type: none"> ● Containers properly labeled & in good condition ● Containers clean & closed securely ● Containers stored in area away from sink ● No spillage or leaks on bench tops or floors ● No work with hazardous materials performed outside of hood ● Materials stored at least 6" behind hood sash & sash is not left open when not in use ● Food items labeled "Not for Human Consumption" 	<p>OTHER</p> <ul style="list-style-type: none"> ● Other acts or conditions which were not categorized
<p>ACTION ITEMS</p> <ul style="list-style-type: none"> ● Correct any deficiencies noted on form and check the box indicating that this was completed ● If deficiency cannot be corrected during inspection, check box and note method of follow-up 	<p>COMMENTS</p> <ul style="list-style-type: none"> ● Clarify actions or conditions, if needed