

JHU LABORATORY SAFETY SURVEY

BSL?
Agents?

Department _____ Bldg./Room _____
P.I. _____ Departmental Representative _____
Surveyor _____ Date _____

Door Signage

Pass / Fail

___ Warning Labels missing (list) _____ / ____
___ Emergency contact information missing _____ / ____

Improper Handling / Storage

___ Improperly labeled or unlabeled materials (list) _____ / ____
___ Incompatible chemicals stored together ___ Flammable/corrosive _____ / ____
 ___ Organics, oxidizers _____ / ____
 ___ Acids/bases not segregated _____ / ____
___ Flammable material in non approved ___ Cabinet ___ Refrigerator ___ Coldroom _____ / ____
___ Undated or outdated chemicals (list) _____ / ____
___ Flammable solvents ___ >10 gal outside flammable cabinet _____ / ____
 ___ containers > 1 gal outside flammable cabinet _____ / ____
___ Improper Storage of chemicals ___ glass bottles on floor ___ open containers not in use _____ / ____
___ Flam Cabinet latch broken _____ / ____
___ Unsecured Gas Cylinders ___ Need additional wall mounts/ restraints _____ / ____

Waste Handling (specify type of waste i.e. chemical, biological, glass, or sharps)

___ Unsecured sharp(s) (list) _____ / ____
___ Unapproved or inappropriate container _____ / ____
 ___ Sharps ___ Lab ___ Autoclave ___ Chemical
___ Overfilled container _____ / ____
 ___ Sharps ___ Lab ___ Autoclave

Safety / Emergency Equipment

___ Biological Safety Cabinet/ Clean Air Bench Serial # _____ Certification not current _____ / ____
___ Chemical Fume Hood Certification not current ___ Failed ___ Baffle/slot blocked _____ / ____
___ Improper attire (specify) _____ / ____
___ Fire extinguisher blocked ___ Missing ___ Not mounted _____ / ____
___ Safety shower ___ Blocked ___ Due for inspection _____ / ____
___ Eyewash ___ Blocked ___ Water pressure not proper ___ Needed _____ / ____

Other / Comments

___ Evidence of food or drink in the laboratory (specify) _____ / ____
___ Improper electrical devices (specify) _____ / ____
 ___ Surge Protector for lab equipment _____ / ____
 ___ Surge Protector 12" off floor _____ / ____
___ Vacuum line filter absent _____ / ____
___ Hand washing supplies (soap, towels) ___ Missing ___ Contaminated _____ / ____
___ Corridor utilization (specify) _____ / ____
___ Blocked sprinklers (18" clearance needed) _____ / ____
___ General Housekeeping ___ Trip Hazard (specify) _____ / ____

___ Personal protective equipment (PPE) appropriate for the research program is available _____ / ____
___ PPE is task-appropriate and properly in use at time of inspection _____ / ____
___ Eyewash Log: Y N NA not available / SAA: Y N NA not available _____ / ____

Key: R = Requires return visit; **M** = Maintenance item – please contact Facilities