

University of Delaware
Occupational Health and Safety
 Laboratory Inspection Form

Laboratory Inspection Form
 (See www.udel.edu/ohs/chplabinspct.html for web form)

Laboratory Inspection Guidance Document
 (See www.udel.edu/ohs/labinspectguide.html for reference)

It is the aim of the Chemical Hygiene Committee and Occupational Health & Safety to work cooperatively with principal investigators and laboratory workers to achieve compliance with University safety policies, the Chemical Hygiene Plan and governmental regulations. Unsatisfactory items and laboratory safety violations will be handled, following the steps outlined in the [Chemical Hygiene Compliance Policy](http://www.udel.edu/OHS/CHCCCompliancePolicy.pdf) (<http://www.udel.edu/OHS/CHCCCompliancePolicy.pdf>). Issues that represent an immediate or imminent hazard to University Personnel, risk to the environment or potential to cause damage to University facilities are classified at Category 1 Deficiencies. All other items that are not an imminent hazard are classified as Category 2 Deficiencies. The potential deficiency category is listed next the laboratory inspection item. Assigned categories may change, based on the specifics uncovered in the inspection.

Note: The reference numbers (**Ref #**) indicated in each section refers to the numbered items in the same category in the Laboratory Inspection Guidance Document.

Department: _____						Date: _____	
Building and Room Number: _____							
Inspector(s): _____							
A. Administrative							
Inspection Item	Ref #	S	UNS	N/A	Deficiency Category	Comments	
Lab Secured/Emergency Posting (Up-To-Date)?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		
After hours work?	#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
No Windows Covered?	#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
No Unauthorized Occupants?	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		
Chemical Inventory Available?	#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
Biological Material Inventory Available?	#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
Material Safety Data Sheets in Lab?	#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		
Right-To-Know/Chemical Hygiene Plan and Task Specific Training?	#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
Job Hazard Analysis?	#7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
Personal Protective Equipment Available?	#8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		
No Smoking, Eating, Drinking?	#9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		
Emergency Training?	#10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
Lab Doors and Windows Closed?	#11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		

B. Electrical

Inspection Item	Ref #	S	UNS	N/A	Deficiency Category	Comments
General Condition?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Use of Extension Cords?	#4, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Breaker/Circuit Identification?	#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Ground Fault Protection?	#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	

C. General Safety

Inspection Item	Ref #	S	UNS	N/A	Deficiency Category	Comments
Housekeeping/Egress?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Tripping/Slipping Hazards?	#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Surplus Equipment?	#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Hot Surfaces/Equipment?	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Refrigerators/Freezers (Labeled)?	#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Safety Shower/Eye Wash?	#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Potable Water Protection?	#7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
First Aid Kits?	#8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Needles/Syringes Secured?	#9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Emergency Lights?	#10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Ice Machines/Microwave Ovens (Labeled)?	#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	

D. Fire Safety Concerns

Inspection Item	Ref #	S	UNS	N/A	Deficiency Category	Comments
Fire Extinguishers?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Detectors/Sprinklers?	#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Combustible Storage?	#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Extinguishing Systems?	#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Special Concerns?	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	

E. Chemical Concerns

Inspection Item	Ref #	S	UNS	N/A	Deficiency Category	Comments
Spill Kits?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Storage by Hazard?	#2, 7, 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Flammables/Combustibles?	#3, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	

Container Labels?	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Excessive Quantities?	#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Any materials which are highly toxic or carcinogenic require a Standard Operating Procedure developed. See CHP on web for more details.	#9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	

F. Waste Management

Inspection Item	Ref #	S	UNS	N/A	Deficiency Category	Comments
Quantity of Waste Accumulated?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Segregated in Proper Containers?	#2, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Labels Available?	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Properly Labeled?	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Properly Stored/Secured?	#5, 6, 7, 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Proper Waste Containers Available?	#7, 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Evidence of Improper Waste Disposal?	#1, 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	

G. Physical and Environmental Concerns

Inspection Item	Ref #	S	UNS	N/A	Deficiency Category	Comments
Equipment Clean and Operable?	#8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Laboratory Lighting?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Moving Parts Guarded?	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Noise Levels?	#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Sharp Edges, Points?	#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Shields Used?	#7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Temperature?	#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Wet Floors?	#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	

H. Personal Protective Equipment

Inspection Item	Ref #	S	UNS	N/A	Deficiency Category	Comments
Proper Lab Attire?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Personal Protective Equipment Made Available?	#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Safety Glasses Being Worn?	#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Contaminated Personal Protective Equipment?	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	

I. Ventilation

Inspection Item	Ref #	S	UNS	N/A	Deficiency Category	Comments
Fume Hood in Use?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Fume Hood Certified?	#2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Proper Use of Fume Hood?	#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Fume Hood Cluttered?	#3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Biosafety Cabinets?	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	

J. Compressed Gases

Inspection Item	Ref #	S	UNS	N/A	Deficiency Category	Comments
Unnecessary Storage?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Proper Storage?	#1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Capped/Restrained/Labeled Cylinders?	#2, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Proper Lines and Regulators?	#6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	
Regulators Inspected?	#4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	
Proper Labeling?	#5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	

K. Special Considerations

Inspection Item	Ref #	Yes	No	Comments
Radioactive Material Use	#1, 2	<input type="checkbox"/>	<input type="checkbox"/>	
Bloodborne Pathogens		<input type="checkbox"/>	<input type="checkbox"/>	
Infectious Materials		<input type="checkbox"/>	<input type="checkbox"/>	
Recombinant DNA		<input type="checkbox"/>	<input type="checkbox"/>	
Select Agents		<input type="checkbox"/>	<input type="checkbox"/>	
Lasers		<input type="checkbox"/>	<input type="checkbox"/>	
PCB's		<input type="checkbox"/>	<input type="checkbox"/>	
Heavy Metals		<input type="checkbox"/>	<input type="checkbox"/>	
Pesticides		<input type="checkbox"/>	<input type="checkbox"/>	
Animals		<input type="checkbox"/>	<input type="checkbox"/>	
Acutely Toxic Chemical		<input type="checkbox"/>	<input type="checkbox"/>	
Reproductive Hazards		<input type="checkbox"/>	<input type="checkbox"/>	
Carcinogens		<input type="checkbox"/>	<input type="checkbox"/>	
Hydrofluoric Acid		<input type="checkbox"/>	<input type="checkbox"/>	
Controlled (DEA) Substances		<input type="checkbox"/>	<input type="checkbox"/>	

APHIS Permits	<input type="checkbox"/>	<input type="checkbox"/>	
Shipment of Chemical, Radioactive or Biological Materials	<input type="checkbox"/>	<input type="checkbox"/>	
Nano-materials or Carbon Nano-Tubes	<input type="checkbox"/>	<input type="checkbox"/>	
L. Additional Comments			
M. Corrective Actions			
Items marked as unsatisfactory will be reported to the Safety Committee Chair and to the responsible PI in the lab. Items marked as unsatisfactory will be addressed as soon as possible. Deficiencies were communicated to:			
Name: _____	Signature: _____		Date: _____
Status of Deficiencies:	All Items Rectified: <input type="checkbox"/>	Steps to Rectify Items Established: <input type="checkbox"/>	Entered into the Chemical Hygiene Compliance Process (Go to Page 6): <input type="checkbox"/>
Date Items will be Rectified: _____			
Corrective Action Comments:			
N. Follow-Up Inspection (30 days for Category 2 Deficiencies)			
A follow-up inspection to determine if agreed upon steps to rectify outstanding issues were implemented:			
By: _____		Date: _____	
Unsatisfactory items:			
<input type="checkbox"/> Were Properly Addressed	<input type="checkbox"/> Are Still in the Process of Being Properly Addressed	<input type="checkbox"/> Were Not Properly Addressed, Laboratory Entered into the Chemical Hygiene Compliance Process (Go to Page 6):	
O. Follow-Up Inspection Comments			
An additional follow up inspection has been scheduled for: _____			

University of Delaware
Department of Occupational Health and Safety
Chemical Hygiene Compliance Enforcement Action

A laboratory safety deficiency has been uncovered in during this laboratory inspection. The deficiency was not immediately rectified or steps were not taken to address the situation.

Deficiency Category	Imminent Hazard (1) <input type="checkbox"/>	Non-Imminent Hazard (2) <input type="checkbox"/>
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PI/Responsible Personnel Notification Date: _____	PI/Responsible Personnel Signature: _____
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Enforcement Action Process			
Department Chair Notification Date: _____	Signature: _____		
Director of OHS Notification Date: _____	Signature: _____		
Dean and/or Provost Notification Date: _____	Signature: _____		
Description of Corrective Actions or Restrictions:			
PI/Responsible Personnel Signature: _____		Date: _____	
Chemical Hygiene Committee Meeting Date: _____			
Description of Outcomes			
Reinstatement of Privileges Date: _____		Signature of CHC Representative: _____	
Monthly Laboratory Audit Commencement Date: _____		Monthly Laboratory Audit End Date: _____	