# **MTRL Semi-Annual Laboratory Inspection**

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| **Building name and Room Number:** |  | | | |
| **Lab Manager / Supervisor:** |  | | | |
| **Name(s) of Inspector(s):** |  | | | |
| **Date:** |  | | | |
| **General Laboratory Hazards** | | **Y** | **N** | **N/A** |
| 1. Are monthly inspections up-to-date? | |  |  |  |
| 1. Is appropriate Personal Protective Equipment (PPE), such as lab coats, gloves and protective eyewear, available to all workers and is it being used? | |  |  |  |
| 1. Is appropriate laboratory attire being worn (i.e. no shorts, skirts or sandals are present)? | |  |  |  |
| 1. Is the space free of evidence of food, drink, or chewing gum present in the lab, including lab garbage cans? | |  |  |  |
| 1. Are fire extinguishers adequate for materials used, readily accessible, unobstructed, charged, and inspected within the last year? Is signage present (if not clearly visible)? | |  |  |  |
| 1. Are fire-alarm pull-stations accessible and are emergency exit doors unobstructed and functional? | |  |  |  |
| 1. Are emergency eyewashes accessible, unobstructed, functioning properly, and tested at least monthly? | |  |  |  |
| 1. Are emergency showers accessible, unobstructed and tested at least yearly by operations / facilities personnel? | |  |  |  |
| 1. Are spill kits accessible, stocked and in working order? Are spill response and clean-up procedures and proper signage present? | |  |  |  |
| 1. Are aisles, fire exits, sprinklers, stairwells and electrical panels kept clear of materials, equipment, and spills? | |  |  |  |
| 1. Are occupants aware of how to access first aid when needed? | |  |  |  |
| 1. Are laboratory emergency contacts clearly posted? | |  |  |  |
| 1. Are “No Eating/Drinking/Smoking” signs posted? | |  |  |  |
| 1. Does door signage indicate the hazardous materials present in the lab? | |  |  |  |
| 1. Are electrical cords in good repair (no exposed wiring) and adequately restrained? No electrical hazards present? | |  |  |  |
| 1. Have seismic issues been considered i.e. shelving secured, restraints, heavy items stored low? | |  |  |  |
| 1. Do lab supplies (glassware, tubing, etc.) appear to be in good condition? | |  |  |  |
| 1. Are lab areas, benchtops, sinks, fumehoods, etc. clean and tidy? | |  |  |  |
| 1. Do new staff receive workplace and task-specific orientations and are records kept? | |  |  |  |
| 1. Are supervisors and workers aware of the requirement to have written procedures to ensure the safety of people working alone or in isolation (work alone policy)? | |  |  |  |
| 1. Are vacuum ballasts/dewar flasks protected? | |  |  |  |
| **Chemical Safety** | | **Y** | **N** | **N/A** |
| 1. Is the Chemical Safety Manual readily available and easily accessible? | |  |  |  |
| 1. Is there a chemical inventory with expiry dates and are the expired chemicals properly disposed? | |  |  |  |
| 1. Are fumehoods tidy, functional, and annually certified? | |  |  |  |
| 1. Are gas cylinders properly secured, located away from doors & heat / ignition sources? | |  |  |  |
| 1. Are there proper supplier and / or workplace labels on all containers (compliant with WHMIS 2015)? | |  |  |  |
| 1. Are all chemicals stored in proper containers/cabinets (not stored on floor)? | |  |  |  |
| 1. Are Safety Data Sheets (SDS) readily available, easily accessible and regularly updated (less than 3 years old)? | |  |  |  |
| 1. Is there less than 25 L of flammables in the open lab & containers less than 5 L? | |  |  |  |
| 1. Is concentrated perchloric acid (70%) absent and is dilute perchloric acid stored safely? | |  |  |  |
| 1. Is there an inventory of peroxide-forming chemicals? | |  |  |  |
| **Laser Safety** | | **Y** | **N** | **N/A** |
| 1. Is laser hazard warning signage posted? | |  |  |  |
| 1. Is the beam enclosed or have other provisions to prevent accidental exposure been implemented? | |  |  |  |
| **Additional Comments** | | | | |
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