

College of Saint Benedict/Saint John's University
LABORATORY AUDIT CHECKLIST

Building & Room Number: _____ **Date of Audit:** _____
Department: _____ **Auditors(s):** _____
Lab Supervisor: _____

1. Safety Equipment	Working	Accessible	Last checked
a. fume hoods	_____	_____	_____
b. biological hoods	_____	_____	_____
c. eye washes	_____	_____	_____
d. showers	_____	_____	_____
e. fire extinguisher(s)	A B C D or CO2	_____	_____

2. House-keeping	Y	N	N/A
a. food, beverages and appliances absent from the laboratory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. food absent from chemical refrigerators and vice versa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. bench tops clean and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. emergency numbers posted by telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. laboratory doors closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. floors, aisles and exits unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. outside hallways uncluttered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Chemical Storage	Y	N	N/A
a. all containers appropriately labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. no flammables in unapproved refrigerators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. liquid chemicals equipped with secondary containment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. flammable liquids within allowable quantities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. chemicals stored appropriately (incompatibles separated)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. gas cylinders secured and stored appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. empty and full cylinders separated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Waste Management	Y	N	N/A
a. chemical wastes tightly capped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. incompatible chemicals separated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. liquid chemicals equipped with secondary containment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. chemical wastes labeled appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. weekly chemical waste inspections documented (where required)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. sharps disposed in proper containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. special bags used for autoclaving waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. red waste bags used for infectious waste (where required)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. broken glass disposed in labeled container?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Mechanical Equipment	Y	N	N/A
a. guards in place (fans, centrifuges, drive belts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. belts/pulleys in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

