



Laboratory Safety Self-Assessment Form

(Use this form to assist in conducting an annual lab self-assessment. Retain a copy for your records.)

Date:	PI / Lab Contact:
Building:	Assessment Completed by:
Room:	Department:

Information / Postings		Y	N	N/A	Comments
1	UO Lab Hazard / Contact Information sign is current and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	UO Laboratory Safety Quick-Reference Guide posted in a visible location near entrance(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Areas requiring specific personal protective equipment, training, procedures, etc., clearly posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Chemical Hygiene Plan available to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Lab-specific Standard Operating Procedures (SOP) available to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Safety Data Sheet (SDS) information accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Chemical Inventory recorded into EHSA database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	No Food or Drink in areas where hazardous substances are used or stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Training					
9	ALL Workers have completed: a. Laboratory Safety Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	b. Hazardous Waste Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	c. Safety Data Sheet (SDS) Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	d. Fire Extinguisher Training (If policy is to fight fire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	ALL training is documented for each employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment					
14	Fume hood(s) survey current; air flow is adequate; sash position marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Fume hood(s) are used with sash in appropriate position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Fume hood vents (baffles) unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Other local exhaust devices (e.g. gas cabinets, snorkel hoods) functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Pressure or vacuum equipment is shielded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Fire extinguishers unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Eyewash and Safety Showers available and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Eyewash tested weekly by lab; Safety Shower tested by EH&S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Broken Glass and Sharps containers are appropriate and puncture resistant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Spill control kit and first aid kit materials available and adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment (PPE)					
24	Appropriate clothing (no shorts or open toed shoes) worn by ALL while in lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	Appropriate PPE (e.g., lab coats, nitrile gloves, safety glasses, goggles, etc.) used as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	Respirator use: a. Users enrolled in respiratory protection program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	b. Appropriate respirator & cartridge used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	c. Respirators and cartridges stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Electrical Hazards / Fire Safety		Y	N	N/A	Comments
29	Flexible cords not cracked / frayed, or run under doors, rugs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	Power strips plugged directly into an outlet (not daisy-chained together)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	Egress paths (36" clearance) and aisles (28" clearance) unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	Circuit breaker panels unobstructed (30" clearance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	Fire sprinkler heads unobstructed (18" clearance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Storage					
34	Containers clearly labeled with chemical name(s) and indication of hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	Containers compatible with the chemical; Container integrity maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	Chemicals segregated to avoid incompatibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	Containers kept closed except during transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	Secondary containers provided for storage of solvents and concentrated acids or bases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	Secondary containers used during storage of all hazardous chemicals on the floor; No glass storage containers permitted on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	Chemical storage cabinets properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41	Chemical storage shelves equipped with a restraint lip or other system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42	Flammable and combustible liquids exceeding ten (10) gallons are stored inside an approved flammable storage cabinet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43	Refrigeration units approved for flammables storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44	Flammable and oxidizing gasses are separated (20' or 30 min. fire barrier)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45	Peroxide forming materials labeled with date of receipt and last test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46	Heavy or large material not stored above eye level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47	Highly toxic gases stored in ventilated gas cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48	Limit storage in actively used fume hoods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49	Gas cylinders secured with chain or nylon straps; caps on; tubing labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste Storage					
50	Container labeled with "hazardous waste" designation, common chemical names, and concentration or percentage (%) of all constituents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51	Containers sealed except during additions or removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52	Containers compatible with waste and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53	Primary containers stored within secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54	Sharps and bio-hazardous waste disposal appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55	Drain disposal is safe and allowed per local limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56	Waste stored outside and away from sewer drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Recommendations / Observations: _____

Report sent to: PI, Lab Contact,
Department Safety Coordinator & Chair.