



# Office of Environmental Health and Safety Workspace Safety Audit



**Principal Investigator:**

**Department:**

**EHS Consultant:**

**Email:**

**Building / Room:** /

**Audit Date:**

1/2/2007

**DUE DATE:**

Complete all items below which DO NOT have a checkmark in the box and return this form to EHS by the due date. The campus mail address is on page 4 or fax to 7-4444. If additional time is required, it must be requested in writing prior to the due date, by email at hazwaste@binghamton.edu or campus mail. If the safety audit indicates that no corrections are required, then you do not need to return the audit. Keep a copy for your records.

**All items without a checkmark must be corrected. Describe corrections accomplished in the additional comments section on page 3. \*When you have made corrections, place a checkmark in the box, and initial next to the checkmark. Attach any supporting documentation (work orders) filed as corrective action to the completed audit form.**

**CERTIFICATION:** (To be signed by the Principal Investigator to acknowledge corrective action completion).  
**I certify that I have corrected all of the items indicated on the audit form to the best of my knowledge.**

**Signature:** \_\_\_\_\_

## GENERAL SAFETY

<input checked="" type="checkbox"/> 1. Completed Emergency Information form posted by door near light switch.	
<input checked="" type="checkbox"/> 2. Chemical Inventory posted on wall by light switch and on file with EHS.	
<input checked="" type="checkbox"/> 3. Aisles and exits clear of obstacles and tripping hazards?	
<input checked="" type="checkbox"/> 4. Good Housekeeping? (benches, floors, sinks, hoods and storage cabinets).	
<input checked="" type="checkbox"/> 5. All spills have been cleaned up? (benches, floors, sinks, hoods and cabinets)?	
<input checked="" type="checkbox"/> 6. Proper attire and personal protective equipment being worn and used?	
<input checked="" type="checkbox"/> 7 No food or drink in laboratory work areas or stored in chemical refrigerators (only in designated food areas)?	
<input checked="" type="checkbox"/> 8 Fire extinguishers present, in working order, unobstructed and inspected monthly?	

<input checked="" type="checkbox"/> 9 Approved emergency eyewash / showers in working order, unobstructed and inspected every week?	
<input checked="" type="checkbox"/> 10 No excess storage of combustibles (boxes, cardboard, papers, etc.?)	
<input checked="" type="checkbox"/> 11 Fire doors, smoke doors, and lab doors not blocked or wedged open?	
<input checked="" type="checkbox"/> 12 All sharps disposed of properly in labeled sharp containers?	
<input checked="" type="checkbox"/> 13 Broken glassware disposed of properly?	
<input checked="" type="checkbox"/> 14 Biohazardous waste stored in appropriate containers, labeled, and full waste containers not being accumulated?	
<input checked="" type="checkbox"/> 15 Animal waste disposed of properly?	
<input checked="" type="checkbox"/> 16 Backflow preventer in use?	

**MECHANICAL - ELECTRICAL SAFETY**

<input checked="" type="checkbox"/> 17 Hoods working properly and not being used as a storage cabinet?	
<input checked="" type="checkbox"/> 18 All pulleys, belts, gears and pinch points properly guarded and in good condition	
<input checked="" type="checkbox"/> 19 Electrical equipment, cords and plugs in good condition and not frayed?	
<input checked="" type="checkbox"/> 20 No extension cords used as permanent wiring?	
<input checked="" type="checkbox"/> 21 Extension cords / powerstrips not daisy-chained?	
<input checked="" type="checkbox"/> 22 Electrical outlets in good condition and not overloaded?	
<input checked="" type="checkbox"/> 23 Electrical panel covers present, closed and accessible?	
<input checked="" type="checkbox"/> 24 Space heaters in use have a tipover switch and are UL approved?	

**CHEMICAL HANDLING AND STORAGE**

<input checked="" type="checkbox"/> 25 All containers properly labeled, including wash bottles and reagent bottles?	
<input checked="" type="checkbox"/> 26 Container labels in good condition and legible?	
<input checked="" type="checkbox"/> 27 Container integrity in good condition (caps or containers not degraded, rusted or leaking)?	
<input checked="" type="checkbox"/> 28 All hazardous waste containers labeled "HAZARDOUS WASTE" and list contents?	

<input checked="" type="checkbox"/> 29 All waste containers not in use are securely closed?	
<input checked="" type="checkbox"/> 30 Full waste containers not being accumulated?	
<input checked="" type="checkbox"/> 31 All waste is being disposed of properly? (no evaporation, drain or trash disposal)	
<input checked="" type="checkbox"/> 32 No hazardous chemicals being stored in, next to or above sinks?	
<input checked="" type="checkbox"/> 33 No hazardous or corrosive liquids stored above eye level?	
<input checked="" type="checkbox"/> 34 Strong acids stored separately from strong bases?	
<input checked="" type="checkbox"/> 35 Nitric acid stored separately from organic chemicals (including acetic acid)?	
<input checked="" type="checkbox"/> 36 Oxidizers stored separately from flammables?	
<input checked="" type="checkbox"/> 37 Perchloric acid only used in approved perchloric acid hood?	
<input checked="" type="checkbox"/> 38 All peroxide forming chemicals labeled with date received / date opened, and tested peroxide concentration in accordance with Hazardous Waste Guide?	
<input checked="" type="checkbox"/> 39 Only flammables stored in flammable liquid cabinets (no acids, bases or oxidizers)?	
<input checked="" type="checkbox"/> 40 Chemical storage cabinets, including shelves, in good condition with minimal corrosion, and bungs in place or properly vented?	
<input checked="" type="checkbox"/> 41 Only explosion proof refrigerator used for storage of flammables?	
<input checked="" type="checkbox"/> 42 Gas cylinders properly secured in upright position, capped when not in use, and tagged with the "Empty, Full, and In Use" tag?	
<input checked="" type="checkbox"/> 43 Flammables and gas cylinders stored away from ignition sources?	
<input checked="" type="checkbox"/> 44 Spill kit available and stocked?	
<input checked="" type="checkbox"/> 45 Special first aid precautions: Calcium Gluconate gel required for hydrofluoric acid	

### Additional Comments



**LAB AUDIT ENCLOSED**  
TIME SENSITIVE MATERIALS  
WHICH MAY REQUIRE FURTHER  
ACTION

**Deliver TO:**

**RETURN TO:**

**Colin Wilson**  
Environmental Specialist  
Office of Environmental  
Health and Safety  
INF 105