

UNO EHS Safety Inspection Checklist

The safety inspection checklist covers EPA and OSHA regulations. The checklist must be reviewed by the area supervisor, and all affected personnel. Once the checklist has been completed and reviewed, the supervisor and personnel must sign the last page of the checklist. If you have any questions regarding items on the checklist, please refer to the Safety Audit Guide or contact EHS at 554-3596 or via email: unoehs@unomaha.edu

Building:

Room #:

Manager/Supervisor/PI Name:

Training

Yes No N/A

1.	Are all personnel, students, and working visitors trained on experiments and/or procedures that are being performed in the location(s)? Be prepared to show training documentation if applicable.			
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Chemical Safety

Yes No N/A

1.	Have all individuals working in this location been educated about the chemical hazards present within the area's space(s)? Be prepared to show evidence of this training.			
2.	Has a risk hazard assessment been conducted for all chemicals, substances and processes that pose a physical risk and/or health hazard? Be prepared to show evidence of risk assessments.			
3.	Are Safety Data Sheets (SDS) readily accessible to personnel for ALL chemicals/substances present and used in the area(s)?			
4.	Are all corrosive chemicals and acids, including chemical waste, properly labeled and stored appropriately away from other reactive chemicals?			
5.	Are all flammable chemicals, including chemical waste, properly labeled and stored in an approved storage room or flammable liquids cabinet?			
6.	Are all oxidizing chemicals, including chemical waste, properly labeled and stored separate from flammables and other reactive chemicals?			
7.	Are all chemical waste containers closed, labeled appropriately, and stored in secondary containment?			
8.	Is the location properly disposing of chemical waste and all other EPA regulated items?			
9.	Is the location properly disposing of empty chemical containers, including p-listed chemicals?			
10.	Does the location have thermometers or other equipment containing mercury?			
11.	Has EHS received an updated chemical inventory from this location within the last two years?			
12.	Do area personnel ship hazardous materials or dangerous goods within or outside the country? If yes, are personnel properly trained?			

Emergency Procedures

Yes No N/A

1.	Are area personnel aware of how to report injuries and incidents involving employees, students, and guest?			
2.	Are area personnel aware of the emergency preparedness procedures for this location? If not, do they know where to find this information.			
3.	Does the location have all appropriate emergency signage information such as up to date flip books, lab safety posters, and emergency numbers?			
4.	Does the location have a chemical spill kit (if applicable)?			
5.	Do area personnel know how to report fires, chemical spills, exposures, and other accidents/incidents or near misses?			
6.	Are personnel aware that they MUST evacuate the building if directed to do so and not reenter until the "all clear" has been issued?			

General Safety

Yes No N/A

1.	In areas where human consumables are prohibited, are food and drink absent or regulated to clearly marked designated areas?			
2.	Do all aisles within the location have sufficient width of 36" for passing?			
3.	Are all doors and corridors free of obstruction? This includes covered vision panels.			
5.	Are all doors free of being held and/or propped open with a door stop or other object?			
6.	Is the appropriate dress code being worn in the lab?			
7.	Is Personal Protective Equipment (PPE) readily available (lab coats, gowns, gloves, face protection, etc.) for all personnel, and are personnel trained to use the appropriate PPE?			
8.	Is appropriate eye protection readily available for the hazards (UV, lasers, chemicals, etc.) within the location, and are all personnel trained to use the proper eye protection?			
9.	Is respiratory protection used in the area for personal protection? If yes, the supervisor must provide a list of personnel who are wearing respirators and/or PAPRS.			
10.	Are appropriate gloves being used and then removed prior to leaving the area?			
11.	Are animals used in the location? If yes, do all personnel have approval for use, access to IACUC protocol(s), appropriate training and animal contact clearance?			

Signage		Yes	No	N/A
1.	Does the location have a hazard sign posted outside of each room, and is it up to date?			
2.	Are stickers/signs posted to reflect the appropriate hazards on all equipment and chemicals in the space?			

Security		Yes	No	N/A
1.	Are acute toxins, select agents, controlled substances, and radioisotopes appropriately secured?			
2.	Is the location secured when not occupied?			
3.	Do area personnel have MavCard (ID cards) on their person at all times?			
4.	Are area personnel trained to not allow other individuals access with their MavCard?			

Misc. Waste		Yes	No	N/A
1.	Are sharps containers available if needed?			
2.	Is glassware and broken glass being properly disposed of?			
3.	If applicable, are used pipettes and pipette tips being collected in boxes, lined with plastic?			
4.	Are no universal waste items such as applicable batteries, light bulbs, etc. being disposed of in the trash?			

Facilities		Yes	No	N/A
1.	Are items stored at least 18 inches from the automatic sprinkler heads?			
2.	Are boxes and equipment stored at least 2 inches off the ground?			
3.	Are there no damaged floor tiles or trip hazards in the space?			
4.	Are there no damaged ceiling tiles in the space?			
5.	Is the location tidy and organized in a way that allows for easy cleaning and ergonomic workflow?			
6.	In labs, are chairs at benches made of or covered with a non-porous material?			

Equipment Management		Yes	No	N/A
1.	Is the location free of defective equipment?			
2.	Are refrigerators, freezers, and microwaves free of food and drink and appropriately labeled? If human consumables used for experimentation are stored in this location, are they labeled?			
3.	Are emergency eyewashes and safety showers free from obstruction?			
4.	Are eyewash stations being flushed monthly and the test documented?			
5.	Are the safety shower and eyewash stations annually tested by Facilities?			
6.	Are the fume hood and/or biosafety cabinet(s) certified annually by Facilities?			
7.	Are fume hoods and biosafety cabinets free of clutter and properly maintained?			
8.	Are compressed gas cylinders appropriately secured in an upright position, and capped when not in use?			

Electrical		Yes	No	N/A
1.	Are all electrical cords in good condition, and free of cracks and damage?			
2.	Are all power strips UL rated and being used within its capacity?			
3.	No extension cords are being used to provide permanent power to equipment?			
4.	Are all other electrical appliances appropriately rated and in good condition?			

Other		Yes	No	N/A
1.	In spaces that have a red biohazardous waste bin, is it durable, leak proof, and lined?			
2.	Are vacuum flasks which are connected to the vacuum system equipped with an in-line filter, or dual flask, to prevent liquids from being drawn into the vacuum system?			
3.	Is a sink with hand hygiene supplies available, and supplies not stored under the sink?			
4.	Are the disinfectant and cleaning products being used in the space appropriate for the space's needs?			
5.	Is the location performing any work with recombinant DNA, or risk group 2 or higher biohazard agents? If so, are all IBC protocols being followed?			
6.	Is the location working with any heavy machinery or hazardous tools/equipment?			
7.	Is the location working with biological materials derived from humans or non-human primates?			

Please input notes and observations in this section.

Once the checklist has been completed and reviewed, the supervisor and area personnel should sign the next page of the checklist. The safety inspection checklist for EPA & OSHA Regulations should be reviewed by the area supervisor and all affected personnel. Please print your name, date, and sign below once you have reviewed the checklist. **Please be prepared to submit a completed and signed copy of this checklist at the time of your scheduled audit.**

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