

## **LAB INSPECTION CHECKLIST**

Department:	Building & Room #:
Supervisor:	Inspection date:
Inspected by:	Accompanied by:
Inspection type:	Lab self-inspection      OHSE inspection

The following types of hazards are present:      Chemical                      Biological                      Radiation



Item #	Item	Yes	No	N/A	Comments
4.3	Incidents and hazards reported following OHSE procedures (e.g. DIHR form)?				
4.4	Lab self-inspection completed in past 12 months?				
SECTION B. OPTIONAL AREA (add department specific items as needed)					
<b>8.0</b>	<b>Additional items</b>				

SECTION C. COMMENTS