

**OCCUPATIONAL HEALTH & SAFETY - MONTHLY CHECKLIST**

PI:

Location:

Audit done by:

Date:

ITEM	YES	NO	N/A	ACTION
<b>1. ENVIRONMENT/FACILITY/EQUIPMENT</b>				
• <b>Physical Hazards</b>				
Floors, halls and workstations clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are freestanding shelf units fixed to walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety lip on shelves used for chemical and glass storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• <b>Electrical</b>				
Visual safety check of equipment, i.e. electrical cords not frayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• <b>Fire</b>				
Exits clearly marked and employees aware of location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are fire extinguishers available and checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• <b>Fume Hoods/Biological Flow Hoods</b>				
Hoods are clear of clutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is current Safety Inspection Certificate in a visible place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• <b>Gas Cylinders</b>				
In upright position and secured to the wall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• <b>Eye Wash Stations</b>				
Are they working & flushed on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• <b>Safety Equipment</b>				
Safety equipment available? e.g. gloves, goggles, aprons, safety ladders, kick stools, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. WASTE DISPOSAL</b>				
• <b>Disposal</b>				
Proper containers available for all of the types of waste generated? Are they labeled correctly?				
SHARPS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GLASS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BIOHAZARDS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RADIOACTIVE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM</b>				
• <b>Education</b>				
All staff trained in WHMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety training record up to date for all staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• <b>Labels</b>				
Chemicals labeled and dated when received according to WHMIS guidelines? No abbreviations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• <b>Manuals</b>				
MSDS sheets available and less than 3 years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Program Manual available and up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. CHEMICALS</b>				
• Chemical list posted in the lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Chemicals stored compatibly and safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Acids & flammables stored in their appropriate cupboards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Old and unused chemicals disposed regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Spill kit available and are they adequately stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. BIOLOGICAL AND RADIOACTIVE SAFETY PRECAUTIONS</b>				
• Necessary approved protective equipment available for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Sharps containers available and disposed of appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are work areas and equipment appropriately cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• "wipe test log" kept up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Employees trained & familiar with procedures developed for body substance precautions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• UBC biohazard & radiation certificates displayed & updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. EMERGENCY PLANS</b>				
• List of staff working in this lab, including their phone numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Employees trained and aware of emergency plan for fire, disaster and earthquake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	