

Student Health Center SAFETY CHECKLIST

SAFETY OFFICER (or designee) _____	Date Inspected _____ Department _____		
Perform safety check in the 3rd to 4th week of the month. Please record any problems and document corrective action. Safety checklist is due in to the Chief Safety Officer by the 5th of the following month.			
1. EMERGENCY CONTACT	YES	NO	Corrective action/Resolution
Emergency Call list posted (post it notes do not qualify as acceptable list)			
2. FIRE EXTINGUISHER	YES	NO	Corrective action/Resolution
Is it mounted in it's proper place?			
Is access clear with nothing blocking it?			
Is the tag present and current?			
3. FIRST AID	YES	NO	Corrective action/Resolution
First aid kit available nearby			
Do all employees know where it is?			
Is there a fire blanket nearby and do all employees know where it is located?			
MSDS book readily available and all employees know where it is located. (online ok-post instruct)			
4. EMERGENCY LIGHTS	YES	NO	Corrective action/Resolution
Emergency lights unobstructed			
Emergency flashlight plugged into wall			
5. EYE WASH/SHOWER STATION	YES	NO	Corrective action/Resolution
Is it mounted in it's proper place?			
Is access clear with nothing blocking it?			
Is it in working order? (test eye wash only)			
6. CHEMICAL SPILL KIT	YES	NO	Corrective action/Resolution
Is one available in the area or very nearby?			
Hazard warning labels posted			
7. HANDWASH STATION	YES	NO	Corrective action/Resolution
Are soap and paper towels available?			
8. PERSONAL PROTECTIVE EQUIPMENT	YES	NO	Corrective action/Resolution
Are goggles and or shields available?			
Storage drawers that contain them labeled?			
Gloves available?			
Proper lab coats clean and available?			
Are employees wearing proper attire?			
Are employees wearing closed toe shoes?			
9. BIOHAZARD WASTE	YES	NO	Corrective action/Resolution
Each waste container has red biohazard label			
Sharps container labeled and less than 2/3 full			
Are the containers in good condition?			
No overflowing trash cans or trash on floor			
Main Biohazard storage room clean and locked			

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10. FLAMMABLE LIQUIDS	YES	NO	Corrective action/Resolution
Max 10 gal flammable liquid stored in the lab			
F. liquids over one gal stored in safety cans			
Vents on flammable storage sealed			
Cabinet closed and in good condition?			
11. GAS CYLINDERS	YES	NO	Corrective action/Resolution
Cylinders are adequately secured (even empty)			
UF Compressed gas rules are posted			
Is cylinder stored away from a heat source?			
Cylinders w/o regulators capped			
Current tag or date			
12. BIOLOGICAL SAFETY HOOD	YES	NO	Corrective action/Resolution
Service tag attached and inspection <1 year recent			
No spills and appears clean with no obstructions			
13. STORAGE	YES	NO	Corrective action/Resolution
Refrigerators clearly labeled "No food or beverage"			
Storage room walk path clear			
Boxes stacked higher than 5 feet are secured			
Storage room appearance clean			
14. ELECTRICAL	YES	NO	Corrective action/Resolution
Elec.and/or phone cords properly secured to floor			
Equipment plugged directly to wall or UL power surge protectors is used			
Extention cords properly secured			
15. PASSAGEWAYS/HALLS	YES	NO	Corrective action/Resolution
Exit signs clearly visible			
Walkway is free of obstructions			
No water, spills of other debri			
16. GENERAL	YES	NO	Corrective action/Resolution
No spilled water or material on the floor?			
Nothing looks out of order or unusual			
OTHER:	YES	NO	Corrective action/Resolution
	YES	NO	Corrective action/Resolution

Reviewed by: _____

Chief Safety Officer

Date _____