

UPEI Laboratory/Barn/S&R Inspection Report

May, 2009

Inspection Date		Area(s) Inspected		Local H&S Committee	
Inspectors				Area Guide	

Hazard Rating (hazards to personal injury, property or the environment): A - Serious hazard B - High hazard C - Moderate hazard. D - Low hazard.
 * Item previously noted.

#	Y	N	NA	Item (Y = Satisfactory, N = Needs Improvement NA = Not Applicable)	Description	Hazard Rating	Corrective Action	Person Responsible	Target Date	Completion Date
General Housekeeping										
1				Workplace clean and orderly						
2				Exits clear of obstructions and accessible						
3				Floor free of tripping hazards: loose obstacles (e.g.boxes, hoses, chemicals)						
4				Stored materials secured and limited in height to prevent collapse						
5				Materials in cabinets/shelves stored safely						
6				Books/items reachable from the ground or approved step stool available						
7				Free standing shelves are stable/safe loads						
8				Drawers/cupboard doors are shut when not in use						
Chemical Handling										
9				All chemicals are properly stored with separate acids and flammables storage						
10				Hazardous materials inventoried within the last year						
11				MSDS available for hazardous materials						
12				Hazardous waste procedure followed						
13				Adequate spill containment, clean-up & procedures available						
14				Procedure in place for safe transport of hazardous materials between work areas						

##	Y	N	NA	Item (Y = Satisfactory, N = Needs Improvement NA = Not Applicable)	Description	Hazard Rating	Corrective Action	Person Responsible	Target Date	Complete
Equipment Maintenance										
15				Eyewash & safety shower stations: clearly marked, training and monthly maintenance done & documented						
16				Fire extinguishers fully charged and currently filled						
17				all sprinkler heads free of obstruction						
18				Fume and biocontainment hoods maintained and regularly inspected						
19				Lab ventilation adequate						
20				Gas cylinders properly labeled; secured when stored or moved; caps in place						
21				No frayed electrical cords						
22				No overloaded sockets						
23				Equipment properly maintained & safety guards in place						
24				Suitable warning signs & labels (radiation, laser, UV, PPE, biohazards, no food/drink)						
25				Animal restraint devices available & used						
Safety rules, training and documentation										
26				No food or drink in labs						
27				Appropriate body cover and no open shoes						
28				PPE available and personnel trained in the selection, care & use of PPE						
29				Personal hygiene & decontamination procedures in place & followed						
30				SOP's and appropriate manuals available (e.g. UPEI Lab Safety Manual, Laboratory Biosafety Guidelines- Health Canada, Containment Standard for Veterinary Facilities, etc.)						
31				WHMIS training current for all employees						
32				First Aid/CPR trained individuals known						
33				Staff inoculated against appropriate infectious materials						

##	Y	N	N A	Item (Y = Satisfactory, N = Needs Improvement NA = Not Applicable)	Description	Hazard Rating	Corrective Action	Person Responsible	Target Date	Completion Date
34				Site specific training & immediate area orientation done & documented						
35				Incident report forms readily available, completed, and submitted to HR as required						
36				Additional training requested by workers						
Emergency Response										
37				Emergency telephone #'s posted/accessible						
38				Emergency exit signs available, visible & working. Emergency exits unobstructed						
39				Fire alarm pull stations, fire hose stations, and portable fire extinguishers visible and unobstructed						
40				Stairway doors/self closing doors closed (unless close automatically during alarms)						
41				Emergency evacuation plan & drills in place; exit routes, pull stations & fire extinguisher locations known						

Additional Comments:

Inspection

Lead Inspector (print name): _____ (signature): _____ Date: _____

Area Leader (print name): _____ (signature): _____ Date: _____

Copies to: Area Leader (original), Laboratory Supervisor, others identified for action: _____

When actions & form are completed, return original to the Inspection Team Leader.

Completion of Actions

Area Leader's signature: _____ Date: _____

Overall Target Date:
