This checklist can be customised to suit your sites individual work environment and is suitable for all sectors.

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| --- | --- |
| **Name of Site Location:** | **Date:** |
| **Laboratory Room No:** | **Inspected by:** |

1. **Fire and Emergency**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inspection item** | **Yes** | **No** | **N/A** | **Corrective Action Required** |
| Are emergency contacts and evacuation procedures clearly displayed?  |  |  |  |  |
| Are fire extinguishers and emergency shut off devices easy to access and signage visible? |  |  |  |  |
| Have all emergency shut off devices been tested within the last 3 months? *(check records for compliance)*  |  |  |  |  |
| Have all fire extinguishers been checked & stamped within the last 6 months? |  |  |  |  |
| Are entrances and exits free from obstructions? |  |  |  |  |
| Are emergency eye wash stations and showers clean?  |  |  |  |  |
| Have the eye wash stations and showers been tested? *(check records for compliance)* |  |  |  |  |
| Emergency lighting and exit signs visible and functioning correctly? |  |  |  |  |
| Where a door is designated as an emergency exit, does it open outwards?  |  |  |  |  |
| Where a door is designated as an emergency exit can it be opened from the inside without a key? |  |  |  |  |
| Fire doors close properly – not chocked open |  |  |  |  |

**2. Electrical and Lighting**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inspection item** | **Yes** | **No** | **N/A**  | **Corrective Action Required** |
| All plug in electrical equipment is fitted with a current inspection tag? |  |  |  |  |
| No cracked or broken switches? *(light, power and equipment)* |  |  |  |  |
| All electrical cables are positioned to prevent damage and persons tripping? |  |  |  |  |
| Have all double adaptors/piggy back plugs been removed from the site? |  |  |  |  |
| The area has a tested Residual Current Device (RCD) in operation? *(check records to ensure testing has been carried out)* |  |  |  |  |
| Do all power boards have overload protection & individually switched outlets? *(small button on the unit that trips if overloaded)* |  |  |  |  |
| Are the lights working correctly? *(no flickering fluro-tubes, blown globes or covers dislodged/missing)*  |  |  |  |  |
| Is the lighting adequate for the work being conducted?  |  |  |  |  |

**3. Hazardous Chemicals and Storage**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inspection item** | **Yes** | **No** | **N/A** | **Corrective Action Required** |
| Are chemicals stored in designated areas? |  |  |  |  |
| Chemicals are clearly labelled and stored in appropriate containers? |  |  |  |  |
| Are the ventilated storage cabinets working correctly? |  |  |  |  |
| Have fume cupboards been inspected within the last 12 months?  |  |  |  |  |
| Storage areas are clean and dry? |  |  |  |  |
| Safety Data Sheets (SDS) are current and accessible to relevant staff? |  |  |  |  |
| Is a chemical spill kit readily available and accessible? |  |  |  |  |
| Are refrigerators labelled “No Food or Drink”?  |  |  |  |  |
| Are there suitable storage containers for radioactive materials? *(lead lined containers)*  |  |  |  |  |
| First aid available and accessible?  |  |  |  |  |

**4. Sinks/Drains and Waste Disposal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inspection item** | **Yes** | **No** | **N/A**  | **Corrective Action Required** |
| Are the sinks and drains clear and free of obstructions?  |  |  |  |  |
| Are acid *(neutralisation traps)* and sludge traps inspected and serviced annually?  |  |  |  |  |
| Are records maintained for acid & sludge trap inspections? |  |  |  |  |
| Have “back-flow” valves been tested and records maintained?  |  |  |  |  |
| Are there sufficient chemical waste containers? |  |  |  |  |
| Are waste containers suitably marked to indicate their contents? |  |  |  |  |

**Additional Items specific to site**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inspection item** | **Yes** | **No** | **N/A**  | **Corrective Action Required** |
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