

Laboratory/Science Areas SAFETY AND HEALTH CHECKLIST

Name of School: _____

Inspection Team: _____

Date Inspected: _____

Scale: **S** (SATISFACTORY) **N** (NOT SATISFACTORY) **N/A** (NOT APPLICABLE)

Guidelines to follow:

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|---|---|---|-----|
| 1. Ceiling (fixtures, plaster, etc.) in good repair?..... | S | N | N/A |
| 2. No objects hanging from light fixtures or ceiling?..... | S | N | N/A |
| 3. General lighting functioning?..... | S | N | N/A |
| 4. Emergency fire exit route clearly posted?..... | S | N | N/A |
| 5. Covers present on breaker panels?..... | S | N | N/A |
| 6. Breaker panels locked?..... | S | N | N/A |
| 7. General cleanliness satisfactory?..... | S | N | N/A |
| 8. Area free from litter?..... | S | N | N/A |
| 9. Master gas cut-off valve clearly marked and accessible?..... | S | N | N/A |
| 10. Standard fire-proof blanket visible and accessible?..... | S | N | N/A |
| 11. Fume hood functioning?..... | S | N | N/A |
| 12. Fume hood not being used as storage area?..... | S | N | N/A |
| 13. Safety shower visible, accessible and functional?..... | S | N | N/A |
| 14. Eye wash visible, accessible and functional?..... | S | N | N/A |
| 15. Gloves present and accessible?..... | S | N | N/A |
| 16. Eye protection present and accessible?..... | S | N | N/A |
| 17. All materials labeled and stored properly as per WHMIS requirements?..... | S | N | N/A |

- | | | | |
|---|---|---|-----|
| 18. A current (within last 3 years) MSDS (Material Safety Data Sheet)
for each chemical present and accessible?..... | S | N | N/A |
|---|---|---|-----|

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|--|---|---|-----|
| 19. First Aid kit present, accessible and properly stocked?..... | S | N | N/A |
| 20. Suspended ceiling tiles are in place?..... | S | N | N/A |
| 21. Papers on walls restricted to bulletin boards?..... | S | N | N/A |
| 22. Fire extinguisher inspected monthly and tag signed?..... | S | N | N/A |

Comments or Concerns: (Use this area to indicate specific room numbers, areas, etc. that may require attention)

WPS&H Representative: _____ **Date:** _____

Principal/Building Manager: _____ **Date:** _____