

# Laboratory Audit Form

<b>Room:</b>	
<b>Date of Audit:</b>	
<b>Principle Investigator:</b>	

<b>Chemical Inventory?</b>	
<b>704 Rating:</b>	
<b>Number of doors posted?</b>	

<b>CHP Plan written?</b>	
<b>SOPs established?</b>	
<b>Training?</b>	
<b>MSDS's?</b>	

<b>Shower:</b>	
<b>Insepection date:</b>	
<b>Eye wash/Drench:</b>	
<b>Inspection date:</b>	
<b>Weekly log?</b>	
<b>Fire Extinguisher:</b>	
<b>Inspection date:</b>	

<b>Minus 80 freezer</b>	
<b>Other freezers?</b>	
<b>Refrigerator units?</b>	
<b>Gas cylinders secured?</b>	
<b>Autoclaves?</b>	
<b>Microwaves?</b>	
<b>160 L Dewers?</b>	
<b>18" rule?</b>	

<b>Hoods:</b>	
<b>Type</b>	
<b>Inspection Date</b>	
	50% FPM
	100% FPM
<b>Size</b>	

<b>CHO:</b>	
<b>Department:</b>	
<b>Lab Supervisor</b>	

<b>Hazardous materials?</b>	
<b>Properly labeled?</b>	
<b>Bio hazard?</b>	
<b>Bio hazard level?</b>	
<b>Radiation?</b>	
<b>Sharps?</b>	
<b>Food Evidence?</b>	

<b>Aisle Clear?</b>	
<b>Lab benches free of clutter?</b>	

<b>Flammable Cabinets?</b>	
<b>Corrosive Cabinets?</b>	
<b>Biological Safety Cabinets?</b>	
<b>Date of last inspection?</b>	
<b>Incubators?</b>	
<b>Sinks clear?</b>	

<b>Spill Kit Available?</b>	
<b>GFCI's?</b>	
<b>Proper ventilations?</b>	
<b>Negative Air Flow?</b>	
<b>Lasers?</b>	

<b>Hoods:</b>	
<b>Type</b>	
<b>Inspection Date</b>	
	50% FPM
	100% FPM
<b>Size</b>	

<b>Notes:</b>