

Laboratory Safety Inspection Report

Lab Name: _____

Room/Location: _____

Date: _____

Inspector(s): _____

Principal Investigator: _____

Inspection Checklist

Safety Item	Yes	No	Comments/Action Needed
General Housekeeping			
Chemical Storage			
Personal Protective Equipment			
Emergency Equipment Accessible			
Fume Hood Function			
Electrical Safety			
Spill Kits Available			
Hazardous Waste Labeled			
Others			

Notes & Observations

Inspector Signature

Date: _____
