

# 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: \_\_\_\_\_