

Background information			
Date		Inspector	
Building		Room(s)	
PI	School & Department		
	Name		
	Email and phone		
Group Safety Officer or Lab Manager	Name		
	Email and phone		
Inspector Accompanied by:	PI <input type="checkbox"/>		
	Safety Officer <input type="checkbox"/>		
	Lab Manager <input type="checkbox"/>		
	Other (specify) <input type="checkbox"/>		

	Finding			CTI? Y	Code	Finding	Details	Comments	Days	QC: OK?		
	Y	N	N/A							Y	Y	N
Documentation and Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a01	Missing or out-of-date Laboratory Hazard Assessment Tool (LHAT).			20	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a02	Missing or incorrect chemical inventory.	<input type="checkbox"/> Questioned personnel. <input type="checkbox"/> Checked random subsection of inventory.		20	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a03	Safety Data Sheets (SDSs) and other applicable hazard information are not available, not understood, or not read.	<input type="checkbox"/> SDS hard copy available. <input type="checkbox"/> SDS collection on computer. <input type="checkbox"/> Personnel aware of SDS online services.		20	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a04	Standard Operating Procedures (SOPs) are not available.	<input type="checkbox"/> Hazardous material or class of materials requiring SOP. <input type="checkbox"/> Hazardous equipment or process requiring SOP. <input type="checkbox"/> SOPs present but deficient.		20	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a05	Procedure to report an occupational injury or illness is not posted.			20	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a06	Personnel have not received appropriate initial or refresher training.	<input type="checkbox"/> Provided copy of training matrix and discussed with personnel.		20	<input type="checkbox"/>	<input type="checkbox"/>	

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	Y	N	N/A							Y	Y
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a07	Other documentation or training deficiency.	<input type="checkbox"/> Phenol in use but phenol fact sheet not available. <input type="checkbox"/> Other (specify).		20	<input type="checkbox"/>	<input type="checkbox"/>
Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b01	Defective building feature or defective room fixtures and fittings.	<input type="checkbox"/> Openable window in lab building. <input type="checkbox"/> Defective door. <input type="checkbox"/> Other (specify).		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b02	Tripping or slipping hazard.	<input type="checkbox"/> FMS-related, e.g. defective floor. <input type="checkbox"/> PI-related, e.g. extension cords, pipes, spillage.		5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b03	Obstructed passageway, entrance, exit, door, or locked exit door.	<input type="checkbox"/> FMS-related. <input type="checkbox"/> PI-related. <input type="checkbox"/> Department-related (e.g. equipment in corridor)		5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b04	Improperly or defectively signed emergency exit, incorrect or missing directional signage, or non-exit not signed "not an exit".			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b05	Incorrect or missing room number or door sign.	<input type="checkbox"/> Missing room number <input type="checkbox"/> Missing EH&S door sign <input type="checkbox"/> Missing special hazard door sign (e.g. laser warning) <input type="checkbox"/> Inappropriate door sign (e.g. "PPE must be worn" on door of room where it need not necessarily be worn).		20	<input type="checkbox"/>	<input type="checkbox"/>
Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c01	Poor housekeeping.	<input type="checkbox"/> Dirt/contamination. <input type="checkbox"/> Clutter. <input type="checkbox"/> Excessive storage of combustibles. <input type="checkbox"/> Heavy items stored too high. <input type="checkbox"/> Combustibles stacked too close to ceiling. <input type="checkbox"/> Other (specify).		20	<input type="checkbox"/>	<input type="checkbox"/>

	Finding			CTI?	Code	Finding	Details	Comments	Days	QC: OK?	
	Y	N	N/A							Y	Y
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c02	Defective HVAC, too hot/cold, or poor quality of incoming air.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c03	Suspected asbestos or ceramic fiber hazard.	<input type="checkbox"/> FMS-related. <input type="checkbox"/> PI-related, e.g. furnace, heating mantle.		20	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d01	Insufficient provision for hand-washing.	Needs to be at least one sink in lab with soap and paper towels.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d02	Defective plumbing, faucet, or sink.	Look for leaking taps, blocked sinks, etc.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d03	Improvised tubing or equipment poses a flooding risk.	<input type="checkbox"/> Condenser not running on recirculated flow. <input type="checkbox"/> Unattended non-recirculating water pipework not securely fastened.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d04	Water damage, dampness, condensation, active leak, mold, fungus, or rot.			20	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e01	Defective or overloaded electrical outlet and/or inappropriate extension cord usage.	<input type="checkbox"/> High-current devices (e.g. hotplates, furnaces) on extension cords or overloading outlets.		5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e02	Defective or obstructed electrical circuit breaker box (including box with no circuit directory).			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e03	Other electrical hazard, e.g. exposed wiring, dangerous improvised equipment, electrical installation too close to water	<input type="checkbox"/> FMS-related. <input type="checkbox"/> PI-related.		20	<input type="checkbox"/>	<input type="checkbox"/>
Fire Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f01	Fire extinguisher requires maintenance and/or testing log is not up to date.	<input type="checkbox"/> Needs testing.		5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f02	Fire extinguisher is absent, incorrect type, not visible, not accessible, not hung on the wall, is obstructed, or needs relocation.	<input type="checkbox"/> Lab requires Class D extinguisher (flammable metals).		5	<input type="checkbox"/>	<input type="checkbox"/>

	Finding			CTI? Y	Code	Finding	Details	Comments	Days	QC: OK?	
	Y	N	N/A							Y	Y
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f03	Visibly defective or obstructed smoke detector or sprinkler.			5	<input type="checkbox"/>	<input type="checkbox"/>
Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g01	Emergency eyewash / shower / drench hose testing log not up-to-date.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g02	Emergency eyewash / shower / drench hose is defective, obstructed, non-code-compliant, missing, too far from lab, or improperly signed.	<input type="checkbox"/> Obstructed. <input type="checkbox"/> Too far away. (More than 10 sec distant and/or more than one intervening doorway).		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g03	Chemical spill cleanup supplies are not available.	<input type="checkbox"/> Hazardous chemicals in lab but no appropriate supplies.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g04	First aid kit / HF burn kit is not available, inaccessible, inappropriate, out of date, or incorrectly signed	<input type="checkbox"/> HF burn kit required but missing.		20	<input type="checkbox"/>	<input type="checkbox"/>
General Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h01	Improperly guarded, defective, dangerous, poorly-maintained, contaminated, inappropriately sited, or inappropriately used equipment.	<input type="checkbox"/> Unguarded belt (IDLH). <input type="checkbox"/> Contaminated. <input type="checkbox"/> Other (specify).		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h02	Hazardous equipment lacks warning signs, "Out of Service" sign, a usage log, instruction manual, SOP, list of trained and approved users, or a maintenance schedule.	<input type="checkbox"/> Missing log book. <input type="checkbox"/> Missing instruction manual. <input type="checkbox"/> Missing SOP. <input type="checkbox"/> Missing training records or approved user list. <input type="checkbox"/> Ultracentrifuge has no maintenance schedule, rotor-derating policy, rotor log. <input type="checkbox"/> Out-of-use equipment not signed "do not use". <input type="checkbox"/> Other (specify).		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

	Finding			CTI?	Code	Finding	Details	Comments	Days	QC: OK?	
	Y	N	N/A							Y	Y
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h03	Unsafe discharge of vacuum pump exhaust	<input type="checkbox"/> Uncontaminated outlet passing to lab without coalescing filter. <input type="checkbox"/> Contaminated outlet passing to lab.		20	<input type="checkbox"/>	<input type="checkbox"/>
Fridge/Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i01	Defective, excessively iced, inappropriately sited, or inappropriately used refrigerator or freezer.	<input type="checkbox"/> Flammables in a non-explosion-proof unit.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i02	Unacceptably contaminated refrigerator or freezer.	Check for noxious smell.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i03	Glass container is in a freezer without secondary containment.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i04	Unlabeled or incorrectly labelled refrigerator or freezer.	<input type="checkbox"/> Missing "no food or drink" label. <input type="checkbox"/> Missing "no flammable materials" label.		20	<input type="checkbox"/>	<input type="checkbox"/>
Fume Hood/BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j01	Defective fume hood / biosafety cabinet			5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j02	Fume hood / biosafety cabinet (BSC) internal airflow obstructed by overcrowding, shelf, or equipment; or biosafety cabinet external vent(s) obstructed.			5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j03	Incorrect fume hood / biosafety cabinet usage.	<input type="checkbox"/> Sash wide open when working. <input type="checkbox"/> Sash not pulled down all the way when not working. <input type="checkbox"/> Items too close to front.		5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j04	Fume hood / biosafety cabinet / biological glove box has not been tested / certified within the last 12 months.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j05	Fume hood / biosafety cabinet signage absent or defective.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j06	Other fume hood / biosafety cabinet finding			20	<input type="checkbox"/>	<input type="checkbox"/>

	Finding			CTI?	Code	Finding	Details	Comments	Days	QC: OK?	
	Y	N	N/A							Y	Y
Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k01	Incorrect gas cylinder storage.	<input type="checkbox"/> Gas cylinders not properly restrained <input type="checkbox"/> Cylinders in storage missing end caps. <input type="checkbox"/> Flammables and oxidizers not separated. <input type="checkbox"/> Cylinders surrounded by flammables/combustibles. <input type="checkbox"/> Cylinders of hazardous gases not turned off after use. <input type="checkbox"/> Highly toxic gases outside ventilated enclosures.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k02	Hazardous materials container or storage cabinet is defective, corroded, contaminated, or emitting an odor or irritant vapors.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k03	Corrosive or especially hazardous materials stored above eye level			5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k04	Missing or unsatisfactory secondary containment.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k05	Unsafe storage of flammables.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k06	Flammable storage cabinet does not have a self-closing door.	<input type="checkbox"/> Cabinet signed "Non-approved flammables cabinet — does not qualify for MAQ increase."		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k07	Over-age or visibly-suspect time-sensitive chemicals.	<input type="checkbox"/> Peroxide formers. <input type="checkbox"/> Anhydrous HF cylinders. <input type="checkbox"/> Other (specify).		5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k08	Highly toxic materials, regulated precursor chemicals, or controlled substances are stored with poor physical security.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k09	Deficient labelling of hazardous materials container or storage area.			20	<input type="checkbox"/>	<input type="checkbox"/>

	Finding			CTI?	Code	Finding	Details	Comments	Days	QC: OK?	
	Y	N	N/A							Y	Y
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k010	Other unsafe hazardous materials storage practice.	<input type="checkbox"/> Incompatible chemicals stored together. <input type="checkbox"/>		20	<input type="checkbox"/>	<input type="checkbox"/>
Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I01	Incorrect separation of waste streams.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I02	Piranha solution or other hydrogen peroxide-containing material in non-vented container, or mixed with other waste	<input type="checkbox"/> Lab has written procedure for hydrogen peroxide disposal.		5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I03	Contaminated material in regular trash.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I04	Regular trash in hazardous waste container.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I05	Inappropriate, damaged, un-capped, or externally contaminated waste container.	<input type="checkbox"/> Un-capped container.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I06	Missing or unsatisfactory secondary containment.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I07	Free-flowing liquids inappropriately mixed with solid chemical or biohazardous waste.	<input type="checkbox"/> More than 5 mL free-flowing liquid in a biohazard waste container.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I08	Overfull container or over-large items in small container.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I09	Solid waste bags are emitting an odor.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I010	Items placed on top of waste containers.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I011	Incorrect labelling of hazardous waste.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I012	Accumulation start date on the chemical waste label is more than nine months old.			20	<input type="checkbox"/>	<input type="checkbox"/>
Sharps/Bro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m01	Broken glass and/or sharps container is missing.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m02	Unattended broken glass or exposed sharps.			0	<input type="checkbox"/>	<input type="checkbox"/>

	Finding			CTI?	Code	Finding	Details	Comments	Days	QC: OK?	
	Y	N	N/A							Y	Y
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m03	Sharps are being transported improperly.			0	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m04	Evidence of needle recapping was found.			0	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m05	Incorrect sharps disposal.			0	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m06	Incorrect broken glass disposal.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m07	Broken glass container appears to contain contaminated material, or is emitting an odor.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m08	Broken glass and/or sharps container is missing hazardous waste label if it is being used for contaminated items.			20	<input type="checkbox"/>	<input type="checkbox"/>
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n01	Inappropriate mercury thermometer usage or storage.	<input type="checkbox"/> Hg thermometer in oven, or heating bath.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n02	Mercury-containing bottle or device has no or insufficient secondary containment.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n03	Mercury bubbler discharges into lab air.			20	<input type="checkbox"/>	<input type="checkbox"/>
PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p01	PPE is not available, not worn, or is not correctly matched to the hazards.			0	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p02	Personnel exit the lab without removing personal protective equipment/clothing (PPE).			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p03	Incorrect glove usage.	<input type="checkbox"/> Re-use of disposable gloves. <input type="checkbox"/>		5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	p04	Respirator usage outside of the EH&S respirator program.			20	<input type="checkbox"/>	<input type="checkbox"/>
Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q01	Evidence of food/drink was found in work area containing hazardous materials.			0	<input type="checkbox"/>	<input type="checkbox"/>

	Finding			CTI?	Code	Finding	Details	Comments	Days	QC: OK?	
	Y	N	N/A							Y	Y
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q02	Personnel were observed touching potentially hazardous material with bare skin or leaving work area without washing hands.			20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q03	Carcinogenic, cumulatively toxic, sensitizing, or highly toxic materials in chemical inventory, but no evidence of engineering/administrative controls to prevent dispensing/weighing in open lab.			5	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q04	Material posing inhalation hazard is used outside of fume hood, or work requiring respiratory protection is being done in a non-approved area where the respiratory hazard may spread to unprotected persons			0	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	q05	Bottle carriers not available or hazardous materials observed to be transported in unsafe manner.	Question personnel. If glass bottles are ever carried from the lab, a bottle carrier must be available.		20	<input type="checkbox"/>	<input type="checkbox"/>
Seismic Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	r1	Tall and/or hazardous items not properly restrained.	Enter improperly restrained gas cylinders (and Dewars) under k01, not here.		20	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s01	Lack of signage or labelling (specify).	Only use this code as a last resort.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s02	Other hazardous condition or unsafe practice.	Only use this code as a last resort.		20	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>				s03	Congratulations! No safety issues were found during the safety assessment of your area.				<input type="checkbox"/>	<input type="checkbox"/>

Quality Control	
QC Inspection by:	Date:
Accompanied by:	
Comments	