

Johns Hopkins Safety Manual	Policy Number	HSE 302
Subject	Last Review Date	09/23/08
Items Reviewed on JHU Laboratory Safety Surveys	Page	1 of 1

**LABORATORY SAFETY SURVEY
JOHNS HOPKINS UNIVERSITY**

BSL
Agents

Animals

Department _____ Bldg./Room _____
P.I. _____ Departmental Representative _____
Surveyor _____ Date _____

Door Signage **Corrected**
___ Warning Labels missing (list) _____
___ Emergency contact information missing _____

Improper Handling / Storage
___ Improperly labeled or unlabeled materials (list) _____
___ Incompatible chemicals stored together _____
___ _____ Flammable/corrosive _____
___ _____ Organics, oxidizers _____
___ _____ Acids/bases not segregated _____
___ Flammable material in non approved _____ Cabinet _____ Refrigerator _____ Coldroom _____
___ Undated or outdated chemicals (list) _____
___ Flammable solvents _____ >10 gal outside flammable cabinet _____
___ _____ containers > 1 gal outside flammable cabinet _____
___ Unsecured Gas Cylinders _____

Waste Handling (specify type of waste i.e. chemical, biological, glass, or sharps)
___ Not properly segregated or stored _____
___ Unapproved or inappropriate container _____
___ _____ Sharps _____ Lab _____ Autoclave _____ Chemical _____
___ Overfilled container _____
___ _____ Sharps _____ Lab _____ Autoclave _____

Safety / Emergency Equipment
___ Biological Safety Cabinet Serial # _____ Certification not current _____
___ Clean Air Bench Serial # _____ Certification not current _____
___ Chemical Fume Hood _____ Certification not current _____ Baffle/slot blocked _____
___ Personal protective equipment not being used (specify) _____
___ Fire alarms blocked _____
___ Fire extinguisher _____ Blocked _____ Missing _____ Not maintained _____
___ Safety shower _____ Blocked _____ Inaccessible _____ Due for inspection _____
___ Eyewash _____ Blocked _____ Water pressure not proper _____ Needed _____

Other / comments
___ Improper attire (specify) _____
___ Evidence of food or drink in the laboratory (specify) _____
___ Improper electrical devices (specify) _____
___ Vacuum line filter absent _____
___ Hand washing supplies (soap, towels) _____ Missing _____ Contaminated _____
___ Corridor utilization (specify) _____

