

JHU LABORATORY SAFETY SURVEY

BSL?  
Agents?

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\_\_\_ Undated or outdated chemicals (list) \_\_\_\_\_  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 \_\_\_\_\_  
\_\_\_ Improper Storage of chemicals \_\_\_ glass bottles on floor \_\_\_ open containers not in use \_\_\_\_\_  
\_\_\_ Flam Cabinet latch broken \_\_\_\_\_  
\_\_\_ Unsecured Gas Cylinders \_\_\_ Need additional wall mounts/ restraints \_\_\_\_\_

**Waste Handling (specify type of waste i.e. chemical, biological, glass, or sharps)**

\_\_\_ Unsecured sharp(s) (list) \_\_\_\_\_  
\_\_\_ Unapproved or inappropriate container \_\_\_\_\_  
\_\_\_ Sharps \_\_\_ Lab \_\_\_ Autoclave \_\_\_ Chemical \_\_\_\_\_  
\_\_\_ Overfilled container \_\_\_\_\_  
\_\_\_ Sharps \_\_\_ Lab \_\_\_ Autoclave \_\_\_\_\_

**Safety / Emergency Equipment**

\_\_\_ Biological Safety Cabinet/ Clean Air Bench Serial # \_\_\_\_\_ Certification not current \_\_\_\_\_  
\_\_\_ Chemical Fume Hood Certification not current \_\_\_ Failed \_\_\_ Baffle/slot blocked \_\_\_\_\_  
\_\_\_ Personal protective equipment not being used (specify) \_\_\_\_\_  
\_\_\_ Improper attire (specify) \_\_\_\_\_  
\_\_\_ Fire extinguisher blocked \_\_\_ Missing \_\_\_ Not mounted \_\_\_\_\_  
\_\_\_ Safety shower \_\_\_ Blocked \_\_\_ Due for inspection \_\_\_\_\_  
\_\_\_ Eyewash \_\_\_ Blocked \_\_\_ Water pressure not proper \_\_\_ Needed \_\_\_\_\_

**Other / Comments**

\_\_\_ Evidence of food or drink in the laboratory (specify) \_\_\_\_\_  
\_\_\_ Improper electrical devices (specify) \_\_\_\_\_  
\_\_\_ Surge Protector for lab equipment \_\_\_\_\_  
\_\_\_ Surge Protector 12" off floor \_\_\_\_\_  
\_\_\_ Vacuum line filter absent \_\_\_\_\_  
\_\_\_ Hand washing supplies (soap, towels) \_\_\_ Missing \_\_\_ Contaminated \_\_\_\_\_  
\_\_\_ Corridor utilization (specify) \_\_\_\_\_  
\_\_\_ Blocked sprinklers (18" clearance needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Key: R** = Requires return visit; **M** = Maintenance item – please contact Facilities