

Background Information			
Date:		Inspector:	Building:
School:		Department:	
PI Name:		Email:	Phone:
Safety Officer:		Email:	Phone:
Room number(s):			
Inspection Status			
<input type="checkbox"/>	No rooms inspected; all locked.		
<input type="checkbox"/>	One or more rooms inspected, but no personnel present in any room.		
<input type="checkbox"/>	One or more rooms inspected, with personnel present in at least one room.		
Laboratory/Workshop Activity at Time of Inspection			
Experimental or workshop activity occurring in one or more rooms? <input type="checkbox"/> Y <input type="checkbox"/> N			
If work is occurring, work requires:		<input type="checkbox"/> Lab Coat <input type="checkbox"/> Eye Protection <input type="checkbox"/> Gloves <input type="checkbox"/> Steel-toe shoes <input type="checkbox"/> Respirator <input type="checkbox"/> No PPE <input type="checkbox"/> Restrained hair and clothing <input type="checkbox"/> Other PPE:	
Findings			
	Finding	Description	Comments [Please include room number(s)]
PERSONAL	<input type="checkbox"/>	Personnel not wearing closed-toed, closed-heel shoes.	
	<input type="checkbox"/>	Personnel not wearing long pants.	
COATS	<input type="checkbox"/>	Lab coats not worn (when required)	
	<input type="checkbox"/>	Lab coat type incorrect for specific hazards.	
FACE	<input type="checkbox"/>	Eye protection not worn (when required).	
	<input type="checkbox"/>	Eye protection type incorrect for specific hazards.	
	<input type="checkbox"/>	Inappropriate respirator usage (specify).	
GLOVES	<input type="checkbox"/>	Gloves not worn (when required).	
	<input type="checkbox"/>	Glove type incorrect for specific hazards.	
	<input type="checkbox"/>	Re-use of disposable gloves.	
CONT	<input type="checkbox"/>	Inadequate contamination control (e.g., gloves worn outside lab, lab coat in office, dirty PPE).	
F&D	<input type="checkbox"/>	Evidence of food/drink in work area.	
SHOP	<input type="checkbox"/>	Long hair untied, dangling earrings, loose clothing worn near rotating machinery.	
	<input type="checkbox"/>	Steel-toe shoes not worn (when required).	
	<input type="checkbox"/>	Lack of suitable warning/PPE signage (specify).	
OTHER	<input type="checkbox"/>	Other (specify):	
	<input type="checkbox"/>	Other (specify):	
	<input type="checkbox"/>	No findings; certificate issued. <i>(Please be sure to check all the PI's labs before issuing a certificate to the group.)</i>	
Referred to: <input type="checkbox"/> Chem Safety <input type="checkbox"/> Rad Safety <input type="checkbox"/> Biosafety <input type="checkbox"/> Fire Safety <input type="checkbox"/> FMS <input type="checkbox"/> Shop Safety			