

**CHBE MONTHLY LABORATORY SAFETY CHECKLIST**

Lab #: _____ Month _____ Year _____

Supervisor(s)' Name(s): (Please print name): _____

Person Completing Form (Please print name): _____

To ensure this lab is always a safe workplace, the following items on this list must be checked at least once monthly.

Item	Yes	No	Action Taken
Appropriate PPE being used (lab coats, safety eyewear, etc.). No shorts, skirts or slippers/sandals.			
Poured about 1 liter of water into each floor drain in the p-trap to avoid gases/odors from the drains rising into the lab.			
Food/Drink: Not present in lab.			
Housekeeping: Area is clean and tidy. Aisles and doorways free of slip/trip/fall hazards. Adequate ventilation, lighting and temperature.			
Controls in place for lab electrical hazards. No flammables stored inside the fridge/freezer (unless spark-proof).			
a. Fume Hoods and Bio Safety Cabinets: Kept tidy, properly functioning (do not block fume hood with large equipment), annually certified, fume hood sash at / below arrow. b. Verify alarms are functioning by raising and lowering the sash above the maximum and below the minimum heights.			
Flammables: Less than 25 L in the open lab. Containers no larger than 5 L. Signage present.			
Gas Cylinders: Adequately secured in an upright position. Valves closed when not in use. Located away from exits and sources of heat and moisture.			
Peroxidizable compounds (e.g. ethers) dated upon opening and tested at appropriate intervals.			
Chemicals: Proper supplier/workplace label on all containers, MSDS's readily available, incompatible chemicals separated.			
Hazardous waste and samples properly labeled and disposed of following CHBE/UBC procedures.			
Equipment/Instruments: In good condition. Handled and stored appropriately. Any damage reported to supervisor.			
Maintenance and Safety Issues brought to the attention of the Safety Officer (604-822-3857; CHBE room 173).			
Did something to positive for the environment (e.g. recycled acid or waste).			
All workplace injuries, spills, equipment damage or other accidents reported to your supervisor and via UBC CAIRS.			
(If applicable:) Read through the bi-monthly Safety Newsletter and completed the associated safety quiz .			
Signature (Person completing form):	Supervisor's signature:		

Notes for person filling out form: By providing your signature on this checklist, you are acknowledging that the lab/area listed has been inspected for unsafe conditions to the best of your ability.

Notes for supervisor: By providing your signature on this checklist, you are acknowledging that you have reviewed the completed checklist and that any health & safety issues will be addressed in a timely manner.