| **Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- | --- |
| **Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name of Person Conducting Inspection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

| **Chemical Hygiene/Safety Equipment/PPE** | **Yes** | **No** | **N/A** | **Corrective Actions** |
| --- | --- | --- | --- | --- |
| 1. Eyewashes run weekly to ensure water flow and clarity?

**PLEASE INDICATE DATES OF INSPECTION HERE:** |  |  |  |  |
| 1. Unobstructed access available to **ALL** safety showers & eyewashes?
 |  |  |  |  |
| 1. Fire extinguishers accessible, unobstructed, fully charged & inspection completed within the last year in all labs?
 |  |  |  |  |
| 1. Fire blankets present and functional in all labs?
 |  |  |  |  |
| 1. PPE available for employees (gloves, goggles, respirator and aprons)
 |  |  |  |  |
| 1. Have all fume hoods and biological safety cabinets been tested and certified within the past year?
 |  |  |  |  |
| 1. AED and an emergency evacuation chair are present and accessible?
 |  |  |  |  |
| 1. Are the ventilation systems functioning properly in all hazardous materials storage rooms?
 |  |  |  |  |
| 1. Are explosion proof and oxidizer refrigerators functioning properly?
 |  |  |  |  |
| 1. Sharps and broken glass containers have sufficient space
 |  |  |  |  |
| 11. Sufficient Nitrile gloves available in class rooms |  |  |  |  |
| 12. Sufficient soap and towel in class rooms |  |  |  |  |
|  13. Safety Showers inspected monthly? |  |  |  |  |

| **Housekeeping and General Safety** | **Yes** | **No** | **N/A** | **Corrective Actions** |
| --- | --- | --- | --- | --- |
|  14. Floors, aisles, doorways, exits and entrances clear of all obstructions? (36 inches) |  |  |  |  |
|  15. Floors and walkways free of liquid/solid spills and slip or tripping hazards? |  |  |  |  |
|  16. All damaged glassware properly disposed of in Broken Glass Containers? |  |  |  |  |
|  17. Are all work spaces, counter tops and fume hood surfaces clear of clutter and free of chemical spills? |  |  |  |  |
|  18. Adequate lighting available in all labs, storage rooms and offices? |  |  |  |  |
|  19. Are all doors checked, locked and latched when not in use and at the end of each day? |  |  |  |  |
|  20. Are proper warning signs posted and visible? (labs, storage, rooms, ice machines, refrigerators) |  |  |  |  |
|  21 .Emergency phone numbers and evacuation plans posted in all labs?  |  |  |  |  |
|  22. Food and beverages absent from all labs and chemical handling/storage areas? |  |  |  |  |
|  23. Are all shelves and cabinets secured to the walls with seismic restraints?  |  |  |  |  |
|  24. Do all storage shelves have restraints? (wires, bungees, lips, etc.) |  |  |  |  |
|  25. Are illuminated exit signs functioning properly? |  |  |  |  |
|  26. Are spill control kits available and fully stocked in each lab? |  |  |  |  |
|  27. Are first aid kits available and fully stocked in each lab? |  |  |  |  |
|  28. Are SDS’s readily available and regularly updated/purged? |  |  |  |  |
|  29. Are all chemicals stored in an appropriate container with appropriately sized secondary containment? |  |  |  |  |
|  30. Are all chemicals stored in their designated areas according to compatibilities? |  |  |  |  |
|  31. Are all chemicals in dispensing containers labeled with the proper identification and the appropriate GHS hazard labels? |  |  |  |  |
| 32. Are all liquid chemicals stored at eye level or below and stored in secondary containment? |  |  |  |  |
| 33. Are gas cylinders strapped securely to walls with chains at ⅔ and ⅓ height?  |  |  |  |  |
| 34. Are flammable cylinders grounded? |  |  |  |  |
| 35. Are the flammable cabinets secure and self closing? |  |  |  |  |
| 36. Are all hazardous chemicals stored in secure locations or storage rooms that cannot be accessed by unauthorized personnel?  |  |  |  |  |
| 37. Are all waste containers and labels free of leaks and damage? |  |  |  |  |
| 38. Are all waste containers labeled properly and facing forward? (see below) |  |  |  |  |
| 39. Are all liquid wastes stored at or below waist level, and stored in secondary containment? |  |  |  |  |
| 40. All hazardous wastes promptly transferred to appropriate disposal containers? |  |  |  |  |
| 41. All hazardous wastes promptly stored in designated storage room as soon as accumulation is complete? |  |  |  |  |
| 42. Stir/hot plates turned off & unplugged when not in use? |  |  |  |  |
| 43. Drying oven, water baths, incubators and Mel-temps turned off at the end of each work day? |  |  |  |  |
| 44. Cords on all electric equipment in good condition. Not frayed? |  |  |  |  |
| 45. Cords on student stir/hot plates, all labs, not frayed or melted? |  |  |  |  |
| 46. Cords on student Thermowells/powermites not frayed or melted? |  |  |  |  |
| 47. Are all electrical outlets w/in 6ft of a GFCI? (Either fixed GFCI receptacles/breakers or GFCI adapters) |  |  |  |  |
| 48. Are circuit breaker panels unobstructed with 36’ clearance all the way around? |  |  |  |  |
| 49. Are extension cords being used properly and out of the way of foot traffic? |  |  |  |  |

Additional Biology Safety Inspection Checklist

| 50. Aquarium pumps are working, no spills/leaks |  |  |  |  |
| --- | --- | --- | --- | --- |
| 51. Terrestrial animal containers are operable/lockable |  |  |  |  |
| 52. Check ice machine and drain |  |  |  |  |
| 53. Restraints on all museum specimens |  |  |  |  |
| 54. Are all bacteria plates labeled with the organism name? (i.e. E. coli) |  |  |  |  |
| 55. Has all media been checked for contamination? |  |  |  |  |
| 56. Has biohazardous waste been promptly sterilized and disposed of properly? |  |  |  |  |
| 57. Have all sharps contaminated with hazardous materials been placed in an appropriate biohazardous sharps container? |  |  |  |  |
| 58. Is the door gasket in good condition? No cracking or splitting? |  |  |  |  |
| 59. Is the chamber clean and free of any spills or debris? |  |  |  |  |
| 60. Is it time to schedule a professional maintenance? (About every 4 months) |  |  |  |  |
| 61. Have all sharps contaminated with hazardous materials been placed in an appropriate biohazardous sharps container? |  |  |  |  |

Instructions:

1. Complete this checklist on a monthly basis with the exception of number one which is completed weekly.
2. Answer each question by placing an X in the appropriate column (Yes, No or N/A)
3. If a question is answered NO or N/A, that’s ok. This means we are staying true to our efforts and identifying corrective actions or explanations. Please indicate what the corrective action is executed under the column heading Corrective Actions. For example, if Q23 is answered No, then in the Corrective Action column you would state what has been done to correct it, i.e., cylinders rechained or placed a work order with maintenance to repair the chain, etc.
4. Once the checklist is completed, scan and place in the Google shared drive.
5. Contact Risk Management with any questions or concerns at extension 2266

\*

| Halogenated Hazardous WasteSBCC - 721 Cliff Dr. Santa Barbara CAChem 101 Expt. 7/FOE 2/18/20 |
| --- |
| Contains: HALOGENATED WASTE: BaCl2, CaCl2, LiCl, NaCl, KCl, SrCl2, HCl, (NH4)2CO3, (NH4)2HPO4, (NH4)2SO4, NaBr, NaI, Hexane, HNO3, Bleach, KBr, H2O.Harmful Corrosive Toxic Environmental Hazard |

Waste label must contain the following information:

1. The words “Hazardous Waste”

2. SBCC and Address

3. Start date of accumulation

4. Course number, experiment number (and/or experiment name, or acronym or initialism - abbreviation consisting of initial letters pronounced separately)

5. Complete contents

6. Most prominent GHS hazards

The container must also be labeled with the following information:

1. The pH if the waste is a mixed waste solution

2. The state of the waste (i.e. solid, liquid or mixture)

3. Yellow highlighted Federal Law Hazardous Waste declaration label.