

Inspection Instructions: Complete the general information boxes at the top of the checklist, including local area supervisor name. Note your name and the date; then using **Inspection Points** (below) as your guide you conduct the inspection of the workspace. Mark a “✓” for Good, an “N/A” for not applicable, or insert “reference #” when discovering deficiencies or opportunities to improve; then make more detailed notes on the **Corrective Action List**. When completing the **Corrective Action List** entry, ensure there is a follow up plan and assignment of responsibility to resolve the issue or concern. Note a Target Date and Initial when item is complete and resolved.

If there is any question about how to control a hazard or how to work safely, this shall be discussed with your supervisor prior to conducting the work

Room #, Building		Lab Name	
Contact Number		Area Supervisor	

INSPECTION RECORD:

	INSPECTOR:	INSPECTOR:	INSPECTOR:	INSPECTOR:	INSPECTOR:	INSPECTOR:	INSPECTOR:	INSPECTOR:
Inspections:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
Inspection Points								
Workplace Condition (General housekeeping & organization)								
Environment Condition (Air quality, noise, etc.)								
Facility Condition (Doors, hallways, windows, etc.)								
Emergency Preparedness & Response (Up to date, routes clear, extinguishers)								
Chemical Safety (Biosafety & Radiation) (Inventory up to date, stored properly)								
Ergonomics & Material Handling (Lifting/carrying aids & rolling carts)								
Electrical Safety (Cords, plugs, appliances, CSA approved)								
Ladders & Stools (High storage or working from heights)								
Equipment, Tools & Instruments (Condition & written SOPs in place)								
Apparatus Condition								
Glassware Condition								
Condition of Fumehood or BSC								
Condition of Storage Areas								
Lab Attire & PPE use								
Other:								
Initialed by Inspector:								

CORRECTIVE ACTION LIST:

Reference #	Sub-Standard Condition (Deficiency)	Corrective Action (Follow Up)	Responsible Party (Name)	Referred to LSC	Date Completed	Initialed
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

