

Laboratory Inspection Checklist

Conducted By: _____

Date of Inspection: _____

Location (room # & building): _____

Principal Investigator/Supervisor: _____

| I. LABORATORY WORK PRACTICES | | |
|---|---------------|-----------------|
| | Yes/No | Comments |
| • No smoking, food & beverages rules are observed. | Yes/No | |
| • Food and beverages are not stored in the laboratory areas, refrigerators or in glassware that is also used for laboratory operations. | | |
| • Pipetting is performed by mechanical means. | Yes/No | |
| • Laboratory surfaces are cleaned; disinfected or decontaminated after work is performed. | Yes/No | |
| • Required PPE is being worn. | Yes/No | |
| • Used needles are stored in appropriate sharps containers | Yes/No | |
| • Syringes are needle locking. | Yes/No | |
| • No recapping of needles is performed | Yes/No | |
| • Hoods are not being used for storage. | Yes/No | |

| II. HOUSEKEEPING | | |
|--|---------------|-----------------|
| | Yes/No | Comments |
| • Laboratory and storage areas uncluttered and orderly (including benchtop). | Yes/No | |
| • Aisles & exits are free from obstruction. | Yes/No | |
| • Work surfaces are protected from contamination.. | Yes/No | |
| • Electrical cords are in good condition and are UL listed. | Yes/No | |
| • Tools and equipment are in good repair and electrically grounded. | Yes/No | |
| • Tops of cabinets and shelves are free from stored items. | Yes/No | |
| • Heavy objects are confined to lower shelves. | Yes/No | |
| • Glassware is free from cracks, chips, sharp edges and other defects. | Yes/No | |
| • Broken glass containers are available and in use. | Yes/No | |