

CHO Laboratory Self-Audit Checklist

Date: _____ **Room:** _____ **Building:** _____

Principal Investigator: _____

Audit Performed by: _____

A. Entry	YES	NO	N/A
1. Adjacent corridor free from lab storage/furniture	_____	_____	_____
2. Lab ID card posted	_____	_____	_____
3. Lab ID current	_____	_____	_____
4. Appropriate Hazard Sign posted outside doorway	_____	_____	_____
 B. General Work Environment	 YES	 NO	 N/A
1. Three ft unobstructed aisle space throughout lab	_____	_____	_____
2. Benches free of clutter	_____	_____	_____
3. Bench pads clean	_____	_____	_____
4. Broken glass and uncontaminated pipettes disposed in cardboard box; not overfilled	_____	_____	_____
5. Food/drinks not stored/consumed in lab area/refrigerators	_____	_____	_____
6. Floor clear of slip/trip hazards; no bottles on floor	_____	_____	_____
7. Ventilation good; no odor present	_____	_____	_____
 C. Chemical Storage	 YES	 NO	 N/A
1. Acids/bases stored separately	_____	_____	_____
2. Corrosives/flammables stored separately	_____	_____	_____
3. Containers labeled	_____	_____	_____
4. Containers capped/closed	_____	_____	_____
5. Empty bottles triple rinsed; caps removed	_____	_____	_____
6. Flammable liquids transferred with pump from 5-gal drums	_____	_____	_____
7. Flammable liquids stored in approved refrigerator/freezer	_____	_____	_____
8. Hazardous materials used in fume hood	_____	_____	_____
9. Hazard signs posted on cabinets/appliances	_____	_____	_____
10. Hazardous liquids stored below eye level	_____	_____	_____
11. Old/unused chemicals disposed/removed	_____	_____	_____
12. Peroxidizables dated and tested w/in 6 months	_____	_____	_____
13. Safety cans used for flammables >1 gal capacity	_____	_____	_____
14. Safety cabinet if over 10 gal corrosives in lab	_____	_____	_____
15. Safety cabinet if over 10 gal flammables in lab	_____	_____	_____
16. Secondary containers available for chemical transport	_____	_____	_____
17. Shield or fume hood for high pressure/vacuum applications	_____	_____	_____
18. Solid chemicals stored compatibly	_____	_____	_____



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D. Chemical Hazardous Waste	YES	NO	N/A
1. Containers closed; funnels removed	_____	_____	_____
2. Containers labeled with <i>Hazardous Waste</i> and content	_____	_____	_____
3. Chemical waste segregated by its hazard class	_____	_____	_____
4. Chemical waste stored in secondary container	_____	_____	_____
5. Chemical waste area defined- <i>Satellite Accumulation Area</i>	_____	_____	_____
6. Chemical waste/rinsate disposed of through EHSO	_____	_____	_____
E. Compressed Gases	YES	NO	N/A
1. Cap/regulator on cylinders	_____	_____	_____
2. Cylinders secured; no more than 2 per chain/strap	_____	_____	_____
3. Leak test performed when tanks are changed/moved	_____	_____	_____
4. Limited amount of tanks in lab; one spare allowed	_____	_____	_____
F. Closets	YES	NO	N/A
1. Hazardous chemicals stored in appropriate safety cabinet	_____	_____	_____
2. Contents of closet properly labeled	_____	_____	_____
3. Lab ID current	_____	_____	_____
4. Lab ID posted	_____	_____	_____
5. Heat detector present	_____	_____	_____
C. Fume Hoods	YES	NO	N/A
1. Fume hood clear of obstructions	_____	_____	_____
2. Work performed at least six inches into fume hood	_____	_____	_____
3. Fume hood tested w/in one-year	_____	_____	_____
4. Fume hood works properly	_____	_____	_____
H. Personal Protective Equipment	YES	NO	N/A
1. Eye protection available and worn appropriately	_____	_____	_____
2. Appropriate gloves worn	_____	_____	_____
3. Open toed/canvas shoes or sandals not worn in lab	_____	_____	_____
4. Protective clothing available/worn	_____	_____	_____
I. Emergency Preparedness	YES	NO	N/A
1. Emergency lighting adequate	_____	_____	_____
2. Eyewash flushed weekly	_____	_____	_____
3. Eyewash tested annually	_____	_____	_____
4. Eyewash w/in 10 seconds travel time	_____	_____	_____
5. Safety shower tested annually	_____	_____	_____
6. Safety shower w/in 10 seconds travel time	_____	_____	_____
7. Spill Kit appropriate and in sufficient quantities for chemicals	_____	_____	_____



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J. Chemical Hygiene Plan

	YES	NO	N/A
1. Chemical Hygiene Plan available	_____	_____	_____
2. CHP Part 3 reviewed and updated w/in 1 year	_____	_____	_____
3. MSDS's accessible	_____	_____	_____
4. Lab safety training documented w/in 1yr	_____	_____	_____
5. Package shipping/receiving training completed by shipping/receiving personnel biannually	_____	_____	_____

K. Chemical Hygiene Officer

	YES	NO	N/A
1. CHO received applicable training	_____	_____	_____
2. CHO lab self-audits completed	_____	_____	_____
3. Procure appropriate PPE for approved lab procedures	_____	_____	_____
4. Approval system for procurement of new chemicals established	_____	_____	_____
5. Approval system for installation of potentially hazardous operations established	_____	_____	_____

Awareness- Do laboratory workers know:

	YES	NO	N/A
1. What to do in the event of an emergency, such as fire, injury, including evacuation routes?	_____	_____	_____
2. How to clean up chemical spills?	_____	_____	_____
3. Location/contents of the Chemical Hygiene Plan?	_____	_____	_____
4. Who the Chemical Hygiene Officer is?	_____	_____	_____
5. What an MSDS is and are they bookmarked?	_____	_____	_____
6. What type of personal protective equipment to use and when to use it?	_____	_____	_____
7. What to do with chemical waste?	_____	_____	_____
8. What are the most hazardous materials you use and what precautions to take?	_____	_____	_____
9. Location of and how to use emergency equipment, such as safety showers and eyewash stations?	_____	_____	_____



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