

**ENVIRONMENTAL & OCCUPATIONAL
QUARTERLY SELF-INSPECTION CHECKLIST**

Use this form to audit your spaces for compliance with federal, state, and local safety and health regulations. Questions answered "Yes" require you to continuously monitor your activities to ensure uninterrupted compliance. Questions answered "No" require you to initiate action to correct the deficiencies.

Hazardous Materials Management

- Yes No Is a complete chemical inventory available, and is it updated annually?
- Yes No Is an MSDS (material safety data sheet) readily available for each hazardous substance used?
- Yes No Is each container housing a hazardous chemical(s) properly labeled?
- Yes No Are chemicals stored by like hazard class? Are incompatible chemicals stored separately, and is alphabetical storage avoided?
- Yes No Are all compressed gas cylinders **secured** in an upright position?
- Yes No Are quantities of 10 or more gallons of flammable liquids stored in a flammables cabinet?
- Yes No Does the amount of equipment and materials stored in the fume hood consume less than 30% of the fume hood's space?
- Yes No Is chemical and biological waste labeled? Is disposal coordinated with EH&S?

Emergency Preparedness

- Yes No Are all chemical and biological spills cleaned up immediately?
- Yes No Are spill kits stocked with materials capable of containing spills of acids, bases, solvents, mercury, and/or biological material readily available?
- Yes No Is access to all emergency equipment, including fire extinguishers, eyewashes, emergency showers, and electric panels, unobstructed?
- Yes No Is the entrance hazard warning label posted on the door, and is it accurately completed?

Electrical Hazards

- Yes No Is equipment with damaged electrical cords removed from service until the cord is repaired or replaced?
- Yes No Is equipment whose plug is missing a grounding pin removed from service until the plug is replaced?
- Yes No Has the use of extension cords been eliminated by moving equipment closer to electrical outlets or attaching a longer cord on the equipment?

Personal Protection

- Yes No Has the consumption and/or storage of food and beverages been eliminated in areas where hazardous chemicals and biological hazards may be present?
- Yes No Is the appropriate type of personal protective equipment worn when performing work with chemical, biological, radiological, or physical hazards?
- Yes No Is personal protective equipment regularly cleaned and always stored in a sanitary environment?

Physical Hazards

- Yes No Is the room kept in a clean and orderly manner?
- Yes No Have slip, trip, and fall hazards been eliminated?

Name of Auditor _____ Date of Audit _____
 Name of Supervisor _____ Department _____
 Building _____ Room Number _____

**Inspect your spaces quarterly and post this form in the room audited.
 Direct questions to Environmental Health and Safety. Phone 556-4968, ML 0218. Consult the EH&S web site at <https://ehs.uc.edu/> for a comprehensive compliance checklist.**

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