Checklist of E/OHS Activities for Laboratory Standard/Chemical Hygiene Plan

Program Contact Person :\_\_\_\_\_\_N/A\_\_\_\_\_, CHO

Is the Laboratory Standard/Chemical Hygiene Plan in place? *Yes No N/A*

Is the Plan current?  *Yes No N/A*

Has the Plan been reviewed this school year? *Yes No N/A*

Fume hood was tested on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(date)*

The results indicate air velocity to be: *satisfactory, unsatisfactory.*

Chemical inventory:

Date of most recent survey

Location of inventory listing

Are Material Safety Data Sheets (MSDSs) located with inventory? *Yes No N/A*

Are the MSDS readily accessible? *Yes No N/A*

Has the DCFL Science Lab Checklist been completed? *Yes No N/A*

Is training for affected personnel complete? *Yes No N/A*

Date(s) of instruction:

Roster signed? *Yes No N/A*

Lesson plan outline available with roster? *Yes No N/A*

Status of Emergency Eye Wash/Deluge Shower:

Is flushing conducted weekly? *Yes No N/A*

Is descriptive signage properly posted? *Yes No N/A*

Is flushing activity documented? *Yes No N/A*

*Note: No significant reportable quantities of chemicals were noted in the science rooms. BP 2/14/11*