

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 2/1/2018

