Semester Safety Inspection Log

Campus: _____ Room number: _____

Date and initial each item if acceptable or comment on necessary improvements. Immediately report problems with any of these items as described in Section 7.1 of the Lab Hygiene Program.

Date	Aprons/lab coats clean and usable?	Fire blankets intact and usable?	First aid kits stocked?	Spill kits OK?	Goggles & safety glasses functional?	Safety posters & signs readable?	Emergency gas-shut off functional?	"Notice to Employees" present?	Comments

initials: _____ printed name: _____

initials: _____ printed name: _____