

## **Supervisor Inspection Form (Suggested)**

Date:

Room(s):

Inspected By:

### **Contact Information and Hazard Assessment**

(Posted on Door, Up to Date)

#### **General**

(i.e. Housekeeping, T>18°C, Ventilation, Trip Hazards, Shelves, Identified Eating Areas etc.)

#### **Chemicals**

(i.e. MSDS Inventory, Designated Substances Updated, SOP/Waste Plan, Gloves, Goggles, Coats, Stored Compatibly, Fume Hood Certified, etc.)

#### **Electrical / RF / Microwave**

(i.e. Equipment/Cord Condition, Suitable Shielding, etc.)

#### **Radioisotopes / X-rays**

(i.e. Valid Certificates, Secure Storage, Routinely Inspected, Suitable Shielding, etc.)

#### **Lasers**

(i.e. Class 3B and 4 Registered, SOPs, Goggles Labeled / Good Condition, etc.)

#### **Other**