

Place a check-mark in each column to verify that the item has been inspected and is satisfactory. Please make any necessary corrections at the time of inspection.

ROOM#	Date:	Date:	Date:	Date:	Date:	Date:
Fire Extinguisher Inspection Current						
Eyewash Check						
Flammable Solvents Within Limit (check permit)						
Waste Containers Labeled						
No Glass Bottles on Floor						
Peroxide Formers Within Date						
Gas Cylinders Secured, Labeled, Capped, In Date						
No Flammables in Non-flammable refrigerator						
Lab Signs and Placards Present						
Entrance/Exit Not Blocked						
Spill Kit						
No Chemicals Near Sink						
No Unlabeled Chemicals						
Notes:						
Initials						