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.

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

Notes: |

Initials |