

**WHS Inspection Checklist for Laboratories**

WHS Inspections of laboratories should be conducted at least every three to six months as a way of quickly identifying and resolving hazards in these working and learning areas. When significant issues are identified during a WHS inspection that cannot be easily resolved, a formal WHS risk assessment should be conducted to support your work area to identify relevant hazards and risks and to develop effective treatments (controls).

**Inspection details and checklist**

A minimum of two people should complete a WHS inspection by filling in the details below, and updating the Corrective Actions Plan within Appendix A when outstanding issues are resolved.

Campus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organsational Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_/\_\_\_

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| **Inspection Team** |  |
| 1. | 2. |
| 3. | 4. |

**✓ Tick the relevant Y or N Column.** If not applicable, enter N/A into comments field.

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| **Safe Operating Procedures** | **Y** | **N** | **Comments** |
| Are Laboratory Safe Operating Procedures (SOPs) accessible to staff? |  |  |  |
| Have SOPs been implemented? |  |  |  |
| Have all relevant staff, including academic staff, been trained in SOPs? |  |  |  |
| **Housekeeping** |  |  |  |
| Are floors clean, dry, and free from slip/trip hazards? |  |  |  |
| Are all equipment, substances, and contaminated waste/rubbish properly stored and disposed of? |  |  |  |
| Is shelving stable, free of extraneous material and within easy reach? |  |  |  |
| Are aisles and walkways obstruction free? |  |  |  |
| Are chemical storage facilities in good condition? |  |  |  |
| Are rooms at a comfortable and controlled temperature? |  |  |  |
| Are ceiling tiles in good condition? |  |  |  |
| **Fire Equipment** | **Y** | **N** |  |
| Are fire extinguishers/fire hose reels available in the work area, including a carbon dioxide extinguisher? |  |  |  |
| Have the fire extinguishers been checked in the last 6 months?  Note: Check silver inspection tag and confirm that the tag has been hole punched within the last six months. |  |  |  |
| Are sprinkler heads (on ceiling) clear and unobstructed? |  |  |  |
| Is emergency information, including the ‘In an Emergency’ posters and listings of evacuation wardens, displayed and accessible to staff members? |  |  |  |
| **Emergency Exits** | **Y** | **N** |  |
| Are exits/walkways/corridors free of obstruction? |  |  |  |
| Is the exit signage available and visible? |  |  |  |
| **Emergency Procedures** | **Y** | **N** | **Comments** |
| Are fire exits accessible? |  |  |  |
| Are all exit doors unlocked? |  |  |  |

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| **Emergency Procedures** | **Y** | **N** | **Comments** |
| Are written procedures available for disposal of chemicals and regular collection of chemical wastes? |  |  |  |
| Are staff and students trained in correct waste disposable processes? |  |  |  |
| Are all waste containers appropriately labelled with Class Diamonds? |  |  |  |
| **Environmental Continued…** | **Y** | **N** |  |
| Is waste segregated and stored correctly bundled away from drains? |  |  |  |
| Are records of waste disposal available and in line with procedures? |  |  |  |
| Is waste being disposed of correctly? (i.e. not tipped down the sink) |  |  |  |
| Are all lights working and are lighting levels appropriate for the tasks that are being performed? |  |  |  |
| Are emergency spill kits and bins readily available in the work area? |  |  |  |
| **Chemical Management** | **Y** | **N** |  |
| Is a chemical register accessible to the areas where chemicals are used and stored? |  |  |  |
| Are the relevant one-page summary Safety Data Sheets (SDS), attached to the chemical register(s)?  Note: Randomly select three hazardous chemicals and ensure that the relevant SDS, for each chemical, is attached to the register. |  |  |  |
| Are chemicals and containers correctly labelled in aligned with the [Globally Harmonised System for the Classification and Labelling of Chemicals](https://www.safeworkaustralia.gov.au/doc/globally-harmonised-system-classification-and-labelling-chemicals-ghs-information-sheet) and the [ACU Chemical Management Procedure](https://www.acu.edu.au/__data/assets/pdf_file/0008/799838/ACU_Chemical_Management_Procedure_021215.pdf)? |  |  |  |
| Are chemicals, which are not used straight away in a classroom demonstration, labelled? |  |  |  |
| Are chemicals stored in compatible containers and storage areas? |  |  |  |
| Are chemicals securely stored on shelves?  Note: ensure that chemicals are not stored too high on shelving systems or don’t present a falling objects hazard |  |  |  |
| Are hazardous chemical risk assessments and associated safe work instructions accessible and understood by users? |  |  |  |
| Are all chemicals secured in their containers to avoid leaking? |  |  |  |
| Are any chemicals stored in fume cupboards? |  |  |  |
| Do the users of the laboratory know how to access and use *Chemwatch?*  Note: These users should be able to access full SDS within *Chemwatch* |  |  |  |
| Are chemical refrigerators fit for purpose and suitably labelled? (e.g. no food or drink) |  |  |  |
| Are materials that are subject to spontaneous combustion, such as oily rags and paint rags, placed in approved oily waste cans that are emptied daily? |  |  |  |
| Are Dangerous goods cabinets used and maintained in accordance with the relevant Australian Standards including:   * Self-closing and close-fitting doors * Locking automatically (flammable) * Locking mechanism in 2 or more places (flammable/corrosive) * Self-releasing locking mechanism (oxidizing agents and organic peroxides) * Clearance from ignition/heat sources (flammable, oxidizing agents, organic peroxides) * Bunding * Ventilation * Other specific requirements |  |  |  |
| **Flammable Liquids** | **Y** | **N** |  |
| Are dry powder fire extinguishers accessible? |  |  |  |
| Are flammables stored correctly? |  |  |  |
| **Compressed Gas Cylinders** | **Y** | **N** |  |
| Is the gas name/label on shoulder of each cylinder clearly legible? |  |  |  |
| Are cylinders secured by brackets or chains? |  |  |  |
| Are fuel cylinders separated from oxidising cylinders? |  |  |  |
| Are empty cylinders separate from full cylinders and clearly identified? |  |  |  |
| Are acetylene cylinders stored outside of building? |  |  |  |
| Are cylinder valves closed when not in use? |  |  |  |
| Are gas leak test procedures developed and implemented? |  |  |  |
| Are all gas cylinders stored in well ventilated area? |  |  |  |
| **Fume Cupboards** | **Y** | **N** |  |
| Are warning signs indicating a maximum of 2.5 litres of flammable liquid is permitted in the chamber, at any given time? |  |  |  |
| Are fume cupboards kept tidy? |  |  |  |
| Have the fume cupboards been tested within the last 12 months? (check tag) |  |  |  |
| **Biological Safety** | **Y** | **N** |  |
| Are contaminated waste procedures available and implemented? |  |  |  |
| Are sharps stored appropriately? |  |  |  |
| Are risk group category and containment procedures available and implemented? |  |  |  |
| Are disposable gloves available for use in work area? |  |  |  |
| **Biological Safety Continued…** | **Y** | **N** |  |
| Is appropriate decontamination of work surfaces in practice? |  |  |  |
| Is recombinant DNA project work assessed and certified by the University’s Institutional Bio-Safety Committee? |  |  |  |
| Are recombinant DNA laboratory areas inspected and certified by the University’s Institutional Bio-Safety Committee? |  |  |  |
| Is aerosol production minimised and contained? |  |  |  |
| Are sharps containers in good condition and not filled overline? |  |  |  |
| Is a supply of disinfectant for decontamination purposes available and clearly labelled? |  |  |  |
| Is diluted bleach stored away from heat and kept in light proof containers with the preparation date displayed? |  |  |  |
| Is there a supply of hospital grade antiseptic for washing hands available at the laboratory exit? |  |  |  |
| **Radiation Safety** | Y | N |  |
| Are specific areas designated for radiation procedures? |  |  |  |
| Is appropriate monitoring equipment available? |  |  |  |
| Are personal monitoring procedures in place? |  |  |  |
| Are absorbent materials available to contain spills? |  |  |  |
| Is radiation work certified by the Institutional BioSafety Committee? |  |  |  |
| Is shielding available and sufficient? |  |  |  |
| Is radioactive material securely stored? |  |  |  |
| Are radioactive waste/storage procedures in place? |  |  |  |
| **Electrical Installations** | **Y** | **N** |  |
| Are electrical equipment all tested and tagged in accordance with the Electrical Risk procedure? (verify that the next due date is on the tag) |  |  |  |
| Are adequate power points available and unobstructed? |  |  |  |
| Are switches and power points in good condition (no cracks, loose face plates)? |  |  |  |
| Are power leads in good condition? |  |  |  |
| Are the number of extension cords used relevant in their purpose? |  |  |  |
| Are power cords arranged in a way to prevent a trip hazard?  Guidance: Assess whether cord covers should be purchased to help remove the trip hazard. |  |  |  |
| Is the use of temporary wiring in the work area fit for its purpose, if relevant? |  |  |  |
| Are double adaptors or piggy back adaptors avoided in the work area? |  |  |  |
| Are Residual Currency Device used for mobile electrical devices? |  |  |  |
| Is there a schedule for testing and tagging plug-in electrical cords and equipment? |  |  |  |
| Is there a register of tested electrical equipment? |  |  |  |
| **Equipment** | **Y** | **N** |  |
| Are operating instructions/safety signs adequate and clear? |  |  |  |
| Are emergency stop switches accessible and red in colour? |  |  |  |
| Are safety glasses available and storage clearly marked in the work area? |  |  |  |
| Is there adequate distance between equipment? |  |  |  |
| **Personal Protective Equipment (PPE)** |  |  |  |
| Is PPE readily available when required? |  |  |  |
| Is PPE stored and maintained correctly? |  |  |  |
| Are staff /students trained in correct use, storage and maintenance of PPE? |  |  |  |
| **First Aid** | **Y** | **N** |  |
| Are First Aid Officers identifiable in the work area? |  |  |  |
| Are first aid/burn kits available in the work area? |  |  |  |
| Is a first aid poster (containing a listing of local first aid officers) displayed in working and learning areas? |  |  |  |
| Is the safety shower working and easily accessible? (free of obstruction and trip hazards?) |  |  |  |
| Are the eye wash stations working and readily accessible? (free of obstruction and trip hazards?) |  |  |  |
| Is the eyewash nozzle free from airborne contaminates? |  |  |  |
| Are eye wash stations and safety showers flushed regularly to eliminate contaminants, and records kept? |  |  |  |
| Are eye wash stations and safety showers annually inspected and tested by a qualified technician? |  |  |  |
| Is the safety shower handle readily accessible from a standing level? |  |  |  |
| Is the safety shower and eye wash station signage clear, intact and legible? |  |  |  |
| **Emergency Procedures** | **Y** | **N** |  |
| Have emergency procedures been established for specific hazardous circumstances including spills?  Guidance: These emergency procedures should be aligned with the ACU Critical Incident Management Policy. |  |  |  |
| Are there spill kits relevant to the area available, stocked and identifiable (e.g. Laboratory Spill kit, 240 litre Wheelie Bin)? |  |  |  |
| Are there staff adequately trained to manage low risk spills in the work area? |  |  |  |
| Are staff/students able to access and knowledgeable about spill procedures? |  |  |  |
| Are emergency and evacuation plans clearly displayed in the work area? |  |  |  |
| Has an emergency evacuation been conducted in the past 12 months? |  |  |  |
| Are emergency manifests established for the facility and available in an accessible area to emergency staff? |  |  |  |
| Is a fire blanket accessible, and has it been tested within the last six months? |  |  |  |

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| **Manual Handling** | **Y** | **N** |  |
| Are work items, which are regularly used, within easy reach? |  |  |  |
| Is there enough space around machines/equipment to enable easy access? |  |  |  |
| Are appropriate manual handling aids (trolley/ladder/safety step) available for use by staff members? |  |  |  |

**Notes:**

(1)Contact the WHS Team via Service Central to resolve First Aid issues and Chemwatch issues.

(2) For building and fire safety issues, please lodge a Service Central request to Properties and Facilities.

**WHS Inspection Sign Off**

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| **Inspectors’ (Staff Members) Name** | **Signature** | **Date** |
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A copy of the completed inspection has been sent to:

**Appendix A: Corrective Actions Plan**

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| **Identified Hazard** | **Resolution (Actions)** | **Responsibility** | **Target Resolution Date** | **Date Completed** |
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