



LABORATORY SAFETY & ENVIRONMENT SELF-AUDIT CHECKLIST

Laboratory Name: _____

Laboratory Room No: _____

Date of audit: _____

Name of person doing audit: _____

NEW INITIATIVES

SAFETY AUDIT CHECKLIST
There is now a Safety Audit checklist on page 3 of this form. It is intended to record the dates when regular maintenance of the safety features in your laboratory has taken place. Items on the checklist that also appear in the Audit are asterisked *.

STANDARD AUDIT

- 1. LAYOUT CA
1.1 Area is tidy and well kept Y/N/NA Y/N
1.2 Walkways uncluttered Y/N/NA Y/N
1.3 Benches tidy Y/N/NA Y/N

- 2. WORK ENVIRONMENT CA
2.1 Lighting covers and fittings are secure Y/N/NA Y/N
2.2 Area is free from unacceptable odours Y/N/NA Y/N
2.3 Noise level is acceptable Y/N/NA Y/N
2.4 Unacceptable odours and noises reported to Department Manager Y/N/NA Y/N

- 3. EMERGENCY INFORMATION CA
3.1 Emergency numbers posted near phones Y/N/NA Y/N
3.2 Fire extinguisher of appropriate type is close by, ie. within 20 m Y/N/NA Y/N
3.3 * Tag on fire extinguisher has been checked in the last 6 months Y/N/NA Y/N
3.4 Staff and students know:
How to access the Departmental EHS website Y/N/NA Y/N
Evacuation assembly point (Howard Florey Veranda) Y/N/NA Y/N
Location of emergency shut-off valves for electricity, gas and water (if present) Y/N/NA Y/N
3.5 Alarm can be heard in the area Y/N/NA Y/N
3.6 Escape routes are in good order Y/N/NA Y/N

- 3.7 Emergency and hazard signage is clearly visible Y/N/NA Y/N

- 4. FIRST AID FACILITIES CA
4.1 Know location of First Aid kits Y/N/NA Y/N
4.2 First Aid Kit Contents checked 6 monthly along with this audit Y/N/NA Y/N
4.3 First Aid personnel known Y/N/NA Y/N
4.4 Know location of Student Health Service Y/N/NA Y/N

- 5. GENERAL FACILITIES CA
5.1 * Eye wash station flushed 6 monthly Y/N/NA Y/N
5.2 * Sterile eye wash solutions in date Y/N/NA Y/N
5.3 * Emergency shower flushed yearly Y/N/NA Y/N
5.4 Wash basin cleaned regularly Y/N/NA Y/N

- 6. MANUAL HANDLING CA
6.1 Have all staff and students done the University manual handling training course? Y/N/NA Y/N
6.2 Have ergonomic and manual handling risks in your area been appropriately assessed? Y/N/NA Y/N

- 7. OFFICE AUDIT CA
7.1 Audit of all offices performed 6 monthly along with this audit Y/N/NA Y/N



LABORATORY SAFETY & ENVIRONMENT SELF-AUDIT CHECKLIST

7.2 Lab and office ergonomics considered when buying new equipment Y / N / NA Y / N

8. ENVIRONMENTAL ISSUES CA

8.1 Lights out when not needed Y / N / NA Y / N

8.2 Use of energy sources minimised –gas, water and others Y / N / NA Y / N

8.3 Paper, cardboard, toner, etc recycled Y / N / NA Y / N

8.4 Double-sided photocopying and printing when possible Y / N / NA Y / N

9. GENERAL LABORATORY CA

9.1 All staff have attended a Departmental Induction Program (record those who have not on page 4) Y / N / NA Y / N

9.2 Staff and student training records up to date Y / N / NA Y / N

9.3 Equipment Contact Information signs on all relevant equipment and up to date Y / N / NA Y / N

9.4 Food and drink are not stored or consumed in the lab Y / N / NA Y / N

10. ELECTRICAL SAFETY CA

10.1 All relevant portable equipment have current electrical test tags (exemptions listed below #) Y / N / NA Y / N

10.2 Extension leads only used for temporary power supply Y / N / NA Y / N

10.3 Power boards used, not adaptors Y / N / NA Y / N

10.4 Power leads are kept clear of walkways Y / N / NA Y / N

10.5 “Do Not Operate” tags available in the laboratory Y / N / NA Y / N

Equipment which are exempt from electrical testing and tagging:

- items larger than 50cm x 50cm x 50cm (including refrigerators, freezers, Biological Safety Cabinets, and CO₂ incubators)
- office equipment, unless it is older than 5 years and/or subjected to unfavourable conditions
- items which are not portable

11. EQUIPMENT (where relevant) CA

11.1 Fumehoods free of clutter Y / N / NA Y / N

11.2 Fumehoods switched off when not in use Y / N / NA Y / N

11.3 Autoclave SOPs, risk assessments, and records of staff training on autoclaves up to date Y / N / NA Y / N

11.4 CO₂ incubators or cyclinders stored in well ventilated areas Y / N / NA Y / N

11.5 Gas cylinders secured adequately and no spares stored in lab Y / N / NA Y / N

11.6 * Have hoses connecting gas cylinders to incubators been checked for wear 6 monthly? Y / N / NA Y / N

12. BIOLOGICAL SAFETY CA

12.1 Benches and other work areas are disinfected regularly Y / N / NA Y / N

12.2 Chemical disinfectants properly and clearly labelled Y / N / NA Y / N

12.3 Contaminated materials placed in the correct disposal containers Y / N / NA Y / N

12.4 Biohazard cabinets regularly cleaned and disinfected Y / N / NA Y / N

12.5 Aspirator hoses decontaminated and hung up to dry when not in use Y / N / NA Y / N

12.6 OGTR permit and listed researchers current (e-mail OGTR Officer updated staff list, including Exempt Dealings) Y / N / NA Y / N

12.7 OGTR PC2 Laboratory Audit performed 12 monthly along with 2nd Half Year Lab Self-Audit Y / N / NA Y / N

13. CHEMICAL ASPECTS CA

13.1 ChemWatch MSDS system bookmarked on all lab computers and accessible within 2 minutes Y / N / NA Y / N

13.2 Procedures for chemical handling, storage and spillage written in SOPs Y / N / NA Y / N

13.3 All staff trained in chemical handling and awareness of chemical hazards Y / N / NA Y / N

13.4 Indicate date of last Chemical Inventory update (check new purchases/disposals) Date: _____

13.5 Reagents are clearly labelled with chemical name and Hazard (Class) Diamonds Y / N / NA Y / N



LABORATORY SAFETY & ENVIRONMENT SELF-AUDIT CHECKLIST

13. CHEMICAL ASPECTS CA
continued

- | | | | |
|------|-------------------------------------------------------------------------|------------|-------|
| 13.6 | Chemicals labelled adequately (full chemical names plus hazards) | Y / N / NA | Y / N |
| 13.7 | Chemicals are stored correctly (incl. large volumes stored down low) | Y / N / NA | Y / N |
| 13.8 | Check that Poisons Logbook is being used (for S4, S7, S8, and S9 drugs) | Y / N / NA | Y / N |

Signature: _____

14. RADIATION SAFETY CA

- | | | | |
|------|---------------------------------------------------------------------------------------|------------|-------|
| 14.1 | Radiation labelling and warning signage provided in radiation areas | Y / N / NA | Y / N |
| 14.2 | Procedures for radioactive material handling, storage, and spillage written in SOPs | Y / N / NA | Y / N |
| 14.3 | All appropriate staff trained in radioactive material handling and hazard awareness | Y / N / NA | Y / N |
| 14.4 | Radioactive sources are labelled | Y / N / NA | Y / N |
| 14.5 | All personnel using or working near radioactive material are monitored by badges | Y / N / NA | Y / N |
| 14.6 | Documentation to show that radiation work areas are monitored regularly | Y / N / NA | Y / N |
| 14.7 | Radiation Inspection Checklist completed 6 monthly along with this audit [†] | Y / N / NA | Y / N |

[†] Labs responsible for communal radioactive areas must complete the Inspection Checklist for that area

15. WASTE DISPOSAL CA

- | | | | |
|------|-------------------------------------------------------------------------------------------------------------|------------|-------|
| 15.1 | All personnel use suitable double containment for the transport of contaminated waste to sterilization area | Y / N / NA | Y / N |
| 15.2 | Contaminated waste for autoclaving is labelled with autoclave tape and Lab Name | Y / N / NA | Y / N |
| 15.3 | All waste for the 6 th floor is labelled with | Y / N / NA | Y / N |

Department No. (526), Lab Name,
Contents, Weight, Date, and
appropriate Sticker

16. PERSONAL PROTECTIVE EQUIPMENT CA

- | | | | |
|------|-------------------------------------------------------------------------------------|------------|-------|
| 16.1 | Provided where necessary and is appropriate for the task | Y / N / NA | Y / N |
| 16.2 | Check all PPE is fit for use | Y / N / NA | Y / N |
| 16.3 | Have all staff done the University PPE training course or competency questionnaire? | Y / N / NA | Y / N |
| 16.4 | Are all lab members aware of the lab's PPE policy? | Y / N / NA | Y / N |
| 16.5 | When purchased, PPE complies with Australian standards | Y / N / NA | Y / N |

Signature: _____

Safety Audit Checklist

ITEM	DATE CHECKED
Safety Shower – flush until water runs clear	
Eyewash – flush until water runs clear	
Eyewash – Date on sterile solutions	
Gas Cylinder Hoses – check for wear	
Bunsen Burner Hoses – check for wear	
Age of Hand Disinfectant – check that all bottles of hand disinfectant have a current use-by date	
Cold Rooms – check that the emergency door opening device is working and in good repair	
Face Mask Filters – check whether disposable filters need replacing	
Tag on Fire Extinguisher – Date on Tag	



LABORATORY SAFETY & ENVIRONMENT SELF-AUDIT CHECKLIST

List of people who participated in the audit, including lab personnel who answered Q 3.4 and the questions in section 4. Include details of position (Supervisor, RA, Honours student, etc.):

Are any corrective actions required? Yes / No (If yes, record in "Corrective Actions" table)

Completed corrective actions sheet from previous self-audit submitted? Yes / No / NA

If a completed corrective action sheet has not yet been submitted it must be attached to this audit.

Laboratory Head signature: _____

Other comments and observations:

New people who have not attended a Departmental Induction Program:



LABORATORY SAFETY & ENVIRONMENT SELF-AUDIT CHECKLIST

CORRECTIVE ACTIONS

Laboratory Name: _____

Date: _____

Keep a copy of this form in your laboratory. Once the lab's corrective actions have been addressed, send a copy of the completed form to the Departmental Safety Coordinator.

Issue identified	Corrective Action	Person Responsible	Date Action Completed
Actions to be addressed by lab*			
Actions which can only be addressed by the Department			

***Notes on corrective actions:**

1. Some aspects of documentation, eg. developing SOPs, may be an ongoing action. You will be expected to show ongoing progress if your documentation is inspected.
2. Attendance at Faculty and Departmental safety training sessions is subject to when these are available. If a training session is not immediately available, list people who have not yet been trained and carry over the corrective action to the next audit.
3. Work groups can directly address ergonomic issues such as the purchasing of step-ladders, footrests, and applying the recommendations given in Manual Handling training.
4. There are building issues the lab can address directly, eg. fixing door locks, by phoning University Maintenance, ext. 46000
5. Cleaning problems should be directed to the cleaning contractors using the Cleaning Services Communications Book located on the ledge outside the 5th floor General Office.