

LABORATORY SAFETY REVIEW

Indiana University

SAFETY ITEMS

Location

Policy Documentation:

- ___ Laboratory Safety and Chemical Hygiene Plan _____
- ___ Hazardous Waste Management Guide _____
- ___ Spill Response Guide (except for IUPUI) _____
- ___ Other _____

Information:

- ___ Safety Data Sheets _____
- ___ Other Reference Material _____

Safety Equipment:

- ___ Fire Extinguisher(s) _____
- ___ Emergency Eyewash _____
- ___ Safety Shower _____
- ___ Chemical Spill Control Kit _____
- ___ First Aid Kit _____
- ___ Fire Alarm & Fire Blanket (if present) _____
- ___ Emergency Telephones (and phone numbers) _____
- ___ Personal Protective Equipment (gloves, safety glasses, etc.) _____
- ___ Fume Hoods _____
- ___ Other _____

General Safety Items:

- ___ Emergency Exits _____
- ___ Emergency Contacts/Telephone Numbers _____
- ___ Electrical Panels/Circuit Breakers _____
- ___ Gas Shut-Off Valves or Emergency Switch _____
- ___ Other _____

Special Safety Equipment:

Location

- ___ Describe: _____
- ___ Describe: _____

I have reviewed the location and function of the above safety items:

Signature: _____ Date: _____

(Please document the successful completion of this training on form LCS-3 *Laboratory Safety Training*.)

Keep this form on file in Appendix A of the *Laboratory Safety and Chemical Hygiene Plan*. Do not return this form to University Environmental Health and Safety.