Weekly Safety Inspection Log

Campus: _____ Room number: _____

Date and initial each item if acceptable or comment on necessary improvements. Immediately report problems with any of these items as described in Section 7.1 of the Lab Hygiene Program.

Date	Eyewash functioning properly?	Safety shower functioning properly?	Waste lockers secure and waste drums & containers intact?	Fire extinguisher present?	Fume hood ventilation functioning?	All room lights functioning?	Comments

initials: _____ printed name: _____

initials: _____ printed name: _____