LABORATORY SAFETY COMPLIANCE LOG

Document ID: SAFE-LOG-2024
FACILITY/LAB NAME
LOCATION / ROOM NO.
REVIEW PERIOD

DATE	SAFETY CHECKPOINT DESCRIPTION	PASS/FAIL	INSPECTOR ID	CORRECTIVE ACTIONS / REMARKS
	PPE Availability & Condition (Goggles, Gloves, Lab Coats)			
	Eyewash Station & Safety Shower Functionality			
	Chemical Storage: Compatibility & Labeling			
	Fire Extinguisher Pressure & Accessibility			
	Fume Hood Airflow & Sash Height Compliance			
	Waste Disposal: Biohazard & Sharps Containers			
	Emergency Exit Paths Clear & Unobstructed			

DATE	SAFETY CHECKPOINT DESCRIPTION	PASS/FAIL	INSPECTOR ID	CORRECTIVE ACTIONS / REMARKS
	Spill Kit Inventory & Accessibility			
	Gas Cylinder Securing (Chains/Brackets)			
	Electrical Cord Safety & Grounding			
	SDS (Safety Data Sheets) Updates/Accessibility			
	General Housekeeping & Working Surface Decon			

Verified By (Supervisor Signature): _____
Date: ____/____/20____