

IBBME Occupational Health and Safety Committee Workplace Audit

v2015

Supervisor: _____, University of Toronto

office storage

Building: _____ Room# _____

wet lab dry lab other

Inspected By: _____ Date: _____

comput
er lab mech.
room lecture
room

A=Acceptable U=Unacceptable NA=Not Applicable

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Category	Comments	NA	U	A
A) Emergency Preparedness				
Emergency Equipment				
i) Properly functioning eye wash station present and readily accessible				
ii) Deluge shower readily accessible where large volumes of chemicals handled				
iii) Deluge shower tested within past year				
Emergency Procedures				
i) List of emergency phone numbers posted				
ii) Personnel trained in emergency procedures (e.g. evacuation, fire)				
iii) Personnel familiar with accident reporting procedures				
iv) Emergency exits marked				
v) Emergency lighting in place and regularly tested				
vi) Trained fire wardens if required				
First Aid				
i) First Aid kit readily available				
ii) First Aid kit fully stocked				
iii) Trained first aiders on floor and identified				
iv) # of employees _____ Appropriate kit available*				
* Use the St. John Ambulance guidelines for the First Aid kit inventory				
Fire Extinguishers				
i) Proper type present				
ii) Readily accessible				
iii) Serviced/tagged in past year				
iv) Fully charged				
WHMIS				
i) Containers WHMIS labeled				
ii) Current MSDSs readily available at all times				
iii) All personnel WHMIS trained				
iv) Chemical inventory available and posted by entrance				
B) Safety Bulletin Boards				
Safety Bulletin Board is in place				
Copy of the Occupation Health and Safety Act posted				
Current list of health and safety committee members posted				
Minutes of last committee meeting posted				
C) Security/Personal Safety				
Security measures in place				
No working alone or in isolation where possible				
Adequate lighting in and around work areas				
D) General Space Organization				
Work areas and floors clean and organized				
Floors regularly cleaned				
Surface dust levels low				
Floors and aisles are clear and unobstructed				
Equipment and tools put away when not in use				
Contact List is in place including Emergency Contacts				
Floor plan is in place including evacuation route				

	NA	U	A
E) General Chemical Safety (If applicable)			
Chemical Storage			
i) Properly labeled			
ii) Proper chemical segregation			
iii) Proper storage shelving			
iv) Tidy and uncluttered			
v) Inventory updated annually			
Chemical Spills			
i) Spill kit is available			
ii) All personnel trained in spill cleanup procedures and SOPs available			
Chemical Wastes			
i) Containers properly labeled			
ii) Proper storage			
iii) Regular and proper disposal (liquid and solid)			
iv) Personnel trained in proper waste disposal procedures			
F) General Biohazard Safety (If applicable)			
Biohazard Storage and Procedures			
i) Properly labeled			
ii) Proper segregation			
iii) Proper storage and transport (double containers)			
iv) Inventory is organized			
v) Inventory updated annually			
vi) BSL2 manual is available			
Biohazard Spills			
i) Spill kit or appropriate materials are available			
ii) All personnel trained in spill cleanup procedures and SOPs available			
Biohazard Wastes			
i) Containers properly labeled			
ii) Proper storage (away from high traffic area)			
iii) Regular and proper disposal (liquid and solid)			
iv) Personnel trained in proper waste disposal procedures			
G) Protective Equipment			
Appropriate proper personal protective equipment available and worn			
Protective equipment regularly inspected and maintained			
Employees trained in proper use of protective equipment if required			
H) Compressed Gas Cylinders			
Properly secured to fixed object			
Properly labeled			
Valve cap on when not in use			
Away from heat or ignition sources			
I) Hand and Portable Tools, everything (including pipettes)			
In good working order and condition			
Regularly inspected and maintained			
Electrical grounding or double insulation protection			
Users properly trained			
Properly stored when not in use			
J) Environmental Conditions			
Noise Levels within acceptable office levels for activities conducted			
Ventilation adequate for room conditions and usage			
Thermal comfort maintained (temperature, humidity, air velocity)			
No visible mold present, no mold smell			

Building: _____

Room# _____

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	NA	U	A
K) Electrical Safety			
Electrical cords, plugs and sockets in good condition			
Grounded connections			
Extensions cords not used as permanent wiring			
Adequate number of outlets			
L) High Voltage/open wire Electrical Apparatus (>24V) If Applicable			
Correctly guarded, insulated CSA approved connections to the mains			
Proper equipment in case of electrocution (straps of non-conductive material to pull someone away whose muscles have frozen)			
Proper personal safety insulation equipment, as required			
Appropriate signage of high voltage locations			
Other shields/protective equipment, as appropriate			
Protocol in place to ensure power is off while manipulating potentially dangerous wires and circuits			
Appropriate electrical short protection			
M) Mechanical Apparatus and Machinery, everything (including BSC, freezers, fridges)			
In good working order and condition			
Regularly inspected and maintained			
Proper guarding on pinch points, in-running nip points, and points of operation			
Fixed guards in place and in good condition			
Operating controls guarded against inadvertent activation			
Operating controls locked and key removed when not in use, as appropriate			
Insulation and lockout provided for servicing and maintenance			
Low point freezers (-86C, -150C, -196C, LN2) equipt with PPE and instructions			
Users properly trained			
Operator manual present			

a. Trained First-Aider on the floor

Name _____

Room/Phone# _____

e-mail _____

b. IBBME Safety Committee Contact

Name _____

Room/Phone# _____

e-mail _____

c. Comments:

d. Laboratory Manager or Representative (staff only)

Name _____

Room/Phone# _____

e-mail _____

Signature _____