

Environmental Health and Safety Department

Radiation Safety Division

PRINCIPAL INVESTIGATOR: ABBOUD, HANNA Laboratory: _____

Department: MEDICINE/RENAL DISEASES Inspection Date: _____

Person Present: _____ Tele. No. _____

PURPOSE: Contamination Wipe Tests, Meter Survey, and Observe General Laboratory Conditions.

POSTINGS:	YES	NO	LAB CONDITIONS:	YES	NO
a. Sign on Door	_____	_____	a. Work Area Covered	_____	_____
b. Notice to Employee	_____	_____	b. Solid Waste OK	_____	_____
c. Emergency Numbers	_____	_____	c. Scintillation Waste OK	_____	_____
d. "Follow-Up" Card	_____	_____	d. Liquid Secondary Container	_____	_____
e. Work Area Marked	_____	_____	e. Adequate Waste Shielding	_____	_____
f. Frig/Freezer Sign	_____	_____	f. Gloves/Coat Worn	_____	_____
g. No Food/Drink Sign	_____	_____	g. Dosimeter(s) Worn	_____	_____
h. Sink Marked	_____	_____	h. Meter Available/Operational	_____	_____
i. Safety Manuals	_____	_____	i. Meter Calibration	_____	_____
J. Tags of Waste Disposal	_____	_____	j. Evident RAM Security	_____	_____
k. Waste Area Marked	_____	_____	k. Hallway Freezer Locked	_____	_____

RECORDS:	YES	NO		YES	NO
a. Wipe Tests	_____	_____	c. Training of Personnel	_____	_____
b. Inventory Verified	_____	_____			

LAB SAFETY CHECKS:	YES	NO		YES	NO
a. Fume Hood Certification	_____	_____	f. 18' Clearance from Ceiling	_____	_____
b. Laboratory Airflow	_____	_____	g. Chemical Segregation	_____	_____
c. Mercury Thermometers	_____	_____	h. Liquid Chemical Storage (6')	_____	_____
d. Cloth Chairs (5th Edition BMBL)	_____	_____	j. Excessive Chemicals in Fume Hood (flammables)	_____	_____
e. Outdated/Potentially Explosive Chemicals (Ethers Rusting)	_____	_____	j. Evidence of Food/Drink	_____	_____

COMMENTS: _____
