

Research Facility Reopening Checklist

Building:	Room number:
Supervisor Name:	Approved Research Personnel:

Safety Resources

Physical Condition	Yes	No	Comments
Workplace condition	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental condition	<input type="checkbox"/>	<input type="checkbox"/>	
Facility condition	<input type="checkbox"/>	<input type="checkbox"/>	

Safety Checks	Yes	No	Comments
Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Kit Available	<input type="checkbox"/>	<input type="checkbox"/>	
Eyewash Flush	<input type="checkbox"/>	<input type="checkbox"/>	
Safety shower clear and flushed	<input type="checkbox"/>	<input type="checkbox"/>	
Fumehood working	<input type="checkbox"/>	<input type="checkbox"/>	
BSC Certified	<input type="checkbox"/>	<input type="checkbox"/>	
Potable Water Flushed in Area	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical spills and storage	<input type="checkbox"/>	<input type="checkbox"/>	
COVID-19 Research Permit Posted	<input type="checkbox"/>	<input type="checkbox"/>	

Laboratory Inspection Checklist [Researcher's Responsibility]

Inspection Points (see back for more information)	Yes	No	Comments
Workplace and Environment Condition	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Chemicals and Wastes	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Checks	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerators and Freezers working	<input type="checkbox"/>	<input type="checkbox"/>	
Ovens, computers, balances, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Speciality Equipment Working properly	<input type="checkbox"/>	<input type="checkbox"/>	
Required Postings	<input type="checkbox"/>	<input type="checkbox"/>	Comments
COVID-19 Course Certificate Posted	<input type="checkbox"/>	<input type="checkbox"/>	
Working Alone and Afterhours Posted	<input type="checkbox"/>	<input type="checkbox"/>	
Disinfection Plan	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that the information provided in this form is correct to the best of my knowledge.

Responsible Party Name:	Responsible Party Signature:
Date:	Telephone number:
Safety Resources Name:	Safety Resources Signature:
Date:	Telephone number:

