**PRE-START HEALTH AND SAFETY CHECKLIST: LABORATORY SETTINGS**

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| Version: | 6.0 | Prepared by: | University Operations Taskforce |
| Revision Date: | February 7, 2022 | Reviewed by: | Joint Health and Safety Committee |

**Pre-start Health & Safety Checklist - Laboratories**

The following checklist is to be completed upon entry to laboratory space as part of the University post shut down protocols. No work is to begin in the space until this inspection is completed.

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| Laboratory Building Locations and Room Numbers | Click or tap here to enter text. |
| Name(s) of Responsible Person(s) of Room(s) | Click or tap here to enter text. |
| Checklist Completed by: | Click or tap here to enter text. |
| Date Completed: | Click or tap here to enter text. |

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| **ITEM** | **ITEM COMPLETE?** | | | **Follow up - Comment** |
| **YES** | **NO** | **N/A** |
| **PRE-ENTRY** | | | | |
| Any new requires protocols have been developed based on a Risk Assessment and reviewed by all lab members currently working in the lab? |  |  |  | Click or tap here to enter text. |
| All required supplies needed to return to work are acquired? |  |  |  | Click or tap here to enter text. |
| Lab members know that they are not to report in to work until the lab start-up is complete? |  |  |  | Click or tap here to enter text. |
| **ENTRY** | | | | |
| Does the door / entryway look intact and normal (ie no visible signs of break-ins or attempts to break-in)? |  |  |  | Click or tap here to enter text. |
| **LAB INFRASTRUCTURE** | | | | |
| Upon entry – do a quick visual by looking up to the ceiling and around wall area looking for signs of water leakage or other damage, note any unusual odours that would not be directly associated with the space having no occupancy for a long period of time. Does it look normal (ie nothing out of ordinary)? |  |  |  | Click or tap here to enter text. |
| Fire extinguishers – have been checked and arrow indicates ready for use and there is clear access? |  |  |  | Click or tap here to enter text. |
| Eyewash station: flush for 3-5 minutes noting clarity of water, appropriate temperature. Does it look normal (ie nothing out of ordinary)? |  |  |  | Click or tap here to enter text. |
| Eyewash shower: tested within the last six months? (Please note last time it was checked in the comments) |  |  |  | Click or tap here to enter text. |
| Pour/run water down dry traps/floor drains where appropriate. No odours emanating from traps/floor drains? |  |  |  | Click or tap here to enter text. |
| **LAB INSTRUMENTS/EQUIPMENT** | | | | |
| Walk through area and check any electrical equipment that remained plugged in – freezers, fridge etc. – appropriate temperatures. Does it look normal (ie nothing out of ordinary)? |  |  |  | Click or tap here to enter text. |
| Fume hoods/biosafety cabinets are functioning normally with appropriate draw indicated – service date has not expired? |  |  |  | Click or tap here to enter text. |
| Hazardous material storage checked – open cabinets and complete a visual inspection ensuring integrity of containers has not been compromised? |  |  |  | Click or tap here to enter text. |
| High touch surfaces and shared equipment have been identified and scheduled to be cleaned and disinfected regularly? |  |  |  | Click or tap here to enter text. |
| **LAB SUPPLIES** | | | | |
| Inventory of chemicals, biological agents, and radioactive materials checked to ensure all items accounted for? (ie no evidence of theft) |  |  |  | Click or tap here to enter text. |
| Inventory of lab equipment and supplies checked to ensure all items account for? (ie no evidence of theft) |  |  |  | Click or tap here to enter text. |
| Assess any chemicals that may have become unstable during the shutdown – all chemicals are in a state to continue working safely? |  |  |  | Click or tap here to enter text. |
| Check hand soap dispensers and hand sanitizers to ensure they have adequate content and are working properly? |  |  |  | Click or tap here to enter text. |
| Compressed gas checked – no evidence of leakage? |  |  |  | Click or tap here to enter text. |
| Adequate PPE is available to perform work? (do not plan to start work for which you no longer have an adequate stock of PPE) |  |  |  | Click or tap here to enter text. |
| **HOUSEKEEPING & MISCELLANEOUS** | | | | |
| Clean up/put away any items that may have been left out during shutdown. Items that were not addressed prior to shutdown (hazardous waste, autoclaving, fume hood use, etc.) have been taken care of? |  |  |  | Click or tap here to enter text. |
| Any taps that are used for handwashing has been flushed for at least 1 minute? |  |  |  | Click or tap here to enter text. |
| Support from other service areas is needed? Fill out below. |  |  |  | Click or tap here to enter text. |
| In order to start work in this lab space the following is also needed: (additional supports, service requests, assistants need to access this space in order to begin work, etc. Please note below): | | | | |
| Click or tap here to enter text. | | | | |

**Please keep checklist in your records.**

If you have any questions or comments regarding the checklist, please contact [healthandsafety@ontariotechu.ca](mailto:healthandsafety@ontariotechu.ca)