

## **WORKSHEET**

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## **Monthly Laboratory Safety Assessment - observational**

Once completed, this assessment requires review and signing by the Laboratory Manager.

Laboratory:	Date:
Conducted by:	Signed:
Persons consulted:	
Observational items	Compliance? Notes

Observational items	Compliance?	Notes
Do lab staff shoes fully cover toes of feet?	y/ n	
Are legs of staff legs covered / protected by clothing?	y/ n	
Are staff wearing eye protection while working at bench? {wrap around glasses]	y/ n	
Are lab-coat /gowns being used by all staff in lab?	y/ n	
Are lab coats clean?	y/ n	
No food, drink, smoking in lab space? No contaminated items in areas where food is consumed?	y/ n	
No chewing of gum, betelnut or other item in lab space?	y/ n	
No accessories like bracelets, hats worn?	y/ n	
Hand sanitizer, soap and paper towels available for hand hygiene?	y/ n	
70% alcohol disinfectant available for decontamination of work spaces ?	y/ n	
Walkways and corridors clear of clutter?	y/ n	
Safety shower & eyewash unobstructed and functional?	y/ n	
Work spaces (hoods/benches/etc) are clean and free of clutter?	y/ n	
Sinks are free of glassware and clean?	y/ n	
Biological Safety Cabinet(s): is the access panel (if required) is in place when not in use?	y/ n	
Are daily BSC maintenance sheets filled in correctly?	y/ n	
Sharps containers not overfilled?	y/ n	
Check what is stored in the flammable reagents cabinet (yellow)— are only the correct chemicals and volumes within?	y/ n	
Gas cylinders securely fastened to wall?	y/ n	

Additional comments:			

## Action(s) required

Action to be taken	Who is responsible for taking action?	Date to be completed
Actions endorsed/Sign/date (Section Head)		
Endorsed/ Sign/date (Lab. manager)		

Amendment 20/7/22	Separate form for monthly Observational elements created
Amendment 5/8/22	Document number corrected
Amendment 3/9/22	Header changed to include persons consulted and auditor signing; partial and
	unknown response options removed