

Midd Lab Safety

Laboratory Orientation Checklist

Room Number(s): _____

EMERGENCY PROCEDURES		Complete	N/A
Fire Alarm Pull Station	Show location(s) and proper activation	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher(s)	Show location(s), type(s), proper operation	<input type="checkbox"/>	<input type="checkbox"/>
Eye Wash Station	Show location(s) and proper operation	<input type="checkbox"/>	<input type="checkbox"/>
Safety Shower(s)	Show location(s) and proper operation	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kits	Location(s) and description of contents	<input type="checkbox"/>	<input type="checkbox"/>
Spill Procedures	Show location of spill kit(s) and describe proper procedures	<input type="checkbox"/>	<input type="checkbox"/>
Phone	Location(s), dialing instructions, emergency contact numbers	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Response Plan	Location of Emergency Procedures Quick Reference Guide; go/er	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation	Routes, muster points, area of rescue; turn off gas, shut hood sash, shut door as time permits	<input type="checkbox"/>	<input type="checkbox"/>

ENGINEERING CONTROLS		Complete	N/A
Chemical Fume Hood(s)	Demonstration of proper use, instruction on adjustable controls, sash height, hood alarm	<input type="checkbox"/>	<input type="checkbox"/>
Biological Safety Cabinet(s)	Demonstration of proper use, instruction on adjustable controls and training requirements for use	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Storage Location(s)	Location(s) and segregation rules, volume limits for flammables	<input type="checkbox"/>	<input type="checkbox"/>
Gas Cylinder Storage	Show location(s) and proper use	<input type="checkbox"/>	<input type="checkbox"/>
Other controls	Ex. Glove boxes, snorkels, gas cabinets, laminar flow benches. Demonstration of proper use, instruction on adjustable controls.	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL PROTECTIVE EQUIPMENT		Complete	N/A
Dress Code	Long pants, closed-shoes, no loose clothing or hair	<input type="checkbox"/>	<input type="checkbox"/>
Eye Protection	Determine if goggles or safety glasses are required to perform laboratory work.	<input type="checkbox"/>	<input type="checkbox"/>
Lab Coat	Lab coat required when working with chemicals.	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	Location(s), provide knowledge and resources to select correct type. Instruct proper procedure to don and doff.	<input type="checkbox"/>	<input type="checkbox"/>
Lab Specific		<input type="checkbox"/>	<input type="checkbox"/>

OTHER		Complete	N/A
Working Alone	This is discouraged. Use buddy system.	<input type="checkbox"/>	<input type="checkbox"/>
Unattended Operations	Notify professor if leaving an experiment running unattended. If professor is unavailable, notify chemical hygiene officer	<input type="checkbox"/>	<input type="checkbox"/>
Safety Data Sheets (SDSs)	Demonstrate electronic access and information; go/sds	<input type="checkbox"/>	<input type="checkbox"/>
Safety Websites	Location and content of EH&S websites (forms, resources, etc); go/ehs, go/labsafety	<input type="checkbox"/>	<input type="checkbox"/>

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		Complete	N/A
Laboratory Waste	Overview of laboratory waste procedures, location of accumulation area, proper storage requirements.	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of Sharps & Glass	Location(s) of sharps and broken glass disposal boxes.	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Nitrogen	Location(s), what to wear, how to handle.	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Exposure	Permissible exposure limits, signs & symptoms	<input type="checkbox"/>	<input type="checkbox"/>

LABORATORY SPECIFIC (please fill in accordingly)	Complete
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Trainer/PI Name: _____

Trainer/PI Signature: _____

Trainee Name: _____

Trainee Signature: _____

Date: _____

Course Number (if applicable): _____