

The University of Texas at Tyler
LABORATORY SELF-EVALUATION FORM

LS/PI Name:		Evaluation Date:	
Department:		Building / Room:	
Brief description of lab/material associated hazards:			
Lab Safety: <i>(check if assessed)</i>		<input type="checkbox"/> Lab-Specific Chemical Hygiene Plan Implemented <input type="checkbox"/> Chemical Inventory Current <input type="checkbox"/> SDS Current <input type="checkbox"/> Chemicals Properly Labeled <input type="checkbox"/> Lab Signage / Emergency Information/Procedures	
Risk Assessment: <i>(check if assessed)</i>		<input type="checkbox"/> Chemical Quantity/Concentration <input type="checkbox"/> Potential Hazards (Chemical/Biological) <input type="checkbox"/> Routes of Exposure <input type="checkbox"/> Chemical PEL/TLV	
Control Measures: <i>(check all that apply)</i>		<input type="checkbox"/> Engineering Controls <input type="checkbox"/> Work Practices / SOPs / Administrative Controls <input type="checkbox"/> PPE / Special Equipment <input type="checkbox"/> Cleanup / Decontamination Procedures <input type="checkbox"/> Transportation Procedures <input type="checkbox"/> Storage Procedures (Container Compatibility / Chemical Segregation)	
Emergency Procedures: <i>(check <u>all</u> that apply)</i>		<input type="checkbox"/> Chemical Spill or Release <input type="checkbox"/> Spill Kit <input type="checkbox"/> Fire <input type="checkbox"/> Emergency Shut-off <input type="checkbox"/> Emergency Shower/Eyewash <input type="checkbox"/> Exposure / First Aid	
Waste Disposal: <i>(check if assessed)</i>		<input type="checkbox"/> Accumulation Storage Area <input type="checkbox"/> Chemical Waste <input type="checkbox"/> Bio-waste <input type="checkbox"/> Sharps <input type="checkbox"/> Broken/Contaminated Glass	
Special Hazards <i>(check all that apply)</i>		<input type="checkbox"/> Lasers <input type="checkbox"/> Radioactive Material <input type="checkbox"/> Special Equipment (Autoclaves, Centrifuges, Machinery, etc.)	
LS/PI Signature:			Date:
Director of EH&S Signature:			Date: