

Lab Safety – EHS Design Checklist

Project ID #: _____
 Campus: _____ Unit/Dept: _____
 Building: _____ Room No./Loc: _____

Relevant Sections in the *Guide to EHS Requirements*

Required	Section	Title
<input type="checkbox"/>	3	General Laboratory Requirements (all)
<input type="checkbox"/>	4	Emergency Response Equipment <input type="checkbox"/> Landline required for emergency phone <input type="checkbox"/> Safety Shower and Eyewash Station <input type="checkbox"/> Upgraded First Aid Kit <input type="checkbox"/> Upgraded Spill Kit
<input type="checkbox"/>	5.1	General Ventilation
<input type="checkbox"/>	5.2	Local Exhaust General Requirements
<input type="checkbox"/>	5.3	Fume Hoods
<input type="checkbox"/>	5.4	Perchloric Acid Fume Hoods
<input type="checkbox"/>	5.5	Walk-In Fume Hoods
<input type="checkbox"/>	6.1	Chemical Hazard Mitigation
<input type="checkbox"/>	6.2	Chemical Storage
<input type="checkbox"/>	7.1	Autoclaves
<input type="checkbox"/>	7.2	Class II A Non-Ducted Biological Safety Cabinets
<input type="checkbox"/>	7.3	Class II B Ducted Biological Safety Cabinets
<input type="checkbox"/>	7.4	Other Containment Equipment
<input type="checkbox"/>	8	Radioisotope Hazard Requirements
<input type="checkbox"/>	9.1	Glove Boxes
<input type="checkbox"/>	9.2	Controlled Climate and Walk-in Cold Rooms

EHSO Requirements Sign-Off

Proposal Reviewer: _____ Signature: _____

Date of Review: _____

AES Project Design Sign-Off

I hereby attest that the project design meets all EHSO requirements, or that any deviations or alterations have been discussed with both EHSO and the project requestor.

Notes / Alternative Compliance Items:

AES Project Manager: _____ Signature: _____

Date: _____

EHSO has received the design sign-off and reviewed any deviations or alterations indicated above.

EHSO Representative: _____ Signature: _____

Date: _____

Post-Construction Sign-Off

I hereby attest that construction of this project has been completed with no changes to EHSO requirements, or that any deviations or alterations have been discussed with both EHSO and the project requestor.

Notes / Alternative Compliance Items:

AES Project Manager: _____ Signature: _____

Date: _____

EHSO has received the post-construction sign-off and reviewed any deviations or alterations indicated above.

EHSO Representative: _____ Signature: _____

Date: _____