

SAFETY PRACTICE INSPECTION

FORMAT NO. INITIAL ISSUE NO. & DATE. REV. NO. REV. DATE

Safety Practice Inspection No.		Date		Areas Covered of laboratory				Evacuation Drawing No. & Date		Inspection Lead by			Department head			
<u>Safety Inspection Team:</u> Name				Sign.		<u>Safety Auditee:</u> Name				Sign.		Nos. Fire.Ex.	Nos. First aid Kit	Qualified Fire Fighter List Available?	Qualified First Aid Treatment Team list & records	
First Aid kit Inspection							Fire Extinguisher Inspection									
Sr. No	Location	Items			Req. Qty	Exp. Date	Present Qty	Bal. Qty	Fire Ex. No.	Location	Size	Type of Fire Ex.	Last Refill Date	Conduct pressure Test & Hose Inspection	Remarks	
Inspector comments on first aid kit:									Inspector comments on fire extinguisher:							
Sign.									Sign.							
<u>Glass Protection Observation / Records</u>											<u>Glass protection Improvement Comments</u>					
General Observation												Lead Auditor Sign.		Dept. head Sign.		