

HiRA lab checklist

Date:
Initials:

Sources	How many sources?		
	Have they been checked in past 7 days?		
	Source box locked before check it?		
	Source box locked after you are done?		
Access	Nothing near eyewash <input type="checkbox"/>	Nothing near electric box <input type="checkbox"/>	Walkways clear <input type="checkbox"/>
Tools/Items	No cables on floor <input type="checkbox"/>	Soldering irons off <input type="checkbox"/>	
	Sharps put away <input type="checkbox"/>	Flammables put away <input type="checkbox"/>	
Additional Checks	No frayed power cords <input type="checkbox"/>	N2 flowing in 1054 <input type="checkbox"/>	
	No extension cord chains <input type="checkbox"/>	O2 reading in 1054: _____	
Notes/Cluttered areas of lab			
Take pictures of any issues to show in group meeting			

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