LABORATORY SAFETY SELF-ASSESSMENT PROGRAM

SUMMARY FORM

Please use this form to summarize the results of your department’s Laboratory Safety Self-Assessments. Mail the completed form, along with all the Laboratory Safety Self-Assessment Forms for your department, to the following address by November 20, 2014:

Office of Environment, Health & Safety
317 University Hall
MC 1150

Please note that copies of the completed Laboratory Safety Self-Assessment Forms must be retained within the department so that they will be available in the event of a Cal/OSHA inspection. In addition, please share the information contained on this Summary Form at your next departmental safety committee meeting.

Department: ________________________________ Date: __________

Department Safety Coordinator (DSC): ________________________________

Phone Number: ________________________________

1. How many laboratories are in your department? ________________________________

2. How many of these laboratories were assessed? ________________________________
   a. If any laboratories were not assessed, please explain.

3. Which self-assessment form(s) did your department use?
   □ The Laboratory Safety Self-Assessment form as provided by EH&S
   □ A modification of the EH&S-provided form
4. In your review of the completed self-assessment forms, what did you find to be the major trends?
   b. Please list the most common items needing correction:

c. Which items were the most difficult to correct? Why?

5. Have all identified deficiencies now been corrected? If not, when do you estimate the corrective actions will be complete?

6. If you used the EH&S Laboratory Safety Self-Assessment Form, please describe any specific changes you would like made to the form.

7. Please describe any specific changes you would like to see in the overall laboratory self-assessment process (e.g., different time of year, different routing).