

## Laboratory Self-Inspection Program Summary

Please use this form to summarize the results of your department's Laboratory Self-Inspection. Then mail this form—along with a complete set of your department's Laboratory Self-Inspection Forms—to the following address by \_\_\_\_\_:

Environmental Health Safety and Insurance Office  
Service Center

Please note that copies of the completed Laboratory Self-Inspection Forms must be retained within the department so that they will be available in the event of an inspection. Also, please share the information contained on this Summary Form at your next departmental / divisional 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 inspected? \_\_\_\_\_

- If any laboratories were not inspected, what was the reason for this?

3. Which self-inspection form did your department use?

- \_\_\_\_\_ The Laboratory Self-Inspection form as provided by Environmental Health Safety and Insurance Office
- \_\_\_\_\_ A modification of the Environmental Health Safety and Insurance Office provided form
- \_\_\_\_\_ A department-generated form

4. In your review of the completed self-inspection forms, what did you find to be the major trends?
  - Please list the most common items needing correction:
  
  
  
  
  
  
  
  
  
  
  - 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 Laboratory Self-Inspection 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-inspection process (e.g., different time of year, different routing).