

MU – EHS MONITORING FORM

Date: _____ RU Name: _____ RU#: _____

Building: _____ Rooms: _____

Lab Classification: I II III IV due to _____ Closeout Termination

<p>Unwanted Materials Concerns</p> <p>1. <input type="checkbox"/> Appropriate Labeling</p> <p>2. <input type="checkbox"/> Proper Accumulation Start Date</p> <p>3. <input type="checkbox"/> Less than Max Storage Time</p> <p>4. <input type="checkbox"/> Less than Max Storage Volumes</p> <p>5. <input type="checkbox"/> Lids Securely Fastened</p> <p>6. <input type="checkbox"/> Materials Properly Segregated</p> <p>7. <input type="checkbox"/> Compatible Containers & Closures</p> <p>8. <input type="checkbox"/> Spill, Overfill, General Mismanagement Absent</p>	<p>General Safety Concerns</p> <p>17. <input type="checkbox"/> Hood Inspection Current</p> <p>18. <input type="checkbox"/> Biohazard Absent</p> <p>19. <input type="checkbox"/> Bio Safety Cabinet</p> <p>20. <input type="checkbox"/> Toxic Materials Stored Properly</p> <p>21. <input type="checkbox"/> Appropriate Volume of Chemicals</p> <p>22. <input type="checkbox"/> Appropriate PPE</p> <p>23. <input type="checkbox"/> Food and Drink Absent</p> <p>24. <input type="checkbox"/> Proper Signs Posted</p> <p>25. <input type="checkbox"/> Storage of Flammable Materials</p> <p>26. <input type="checkbox"/> Storage of Gas Cylinders</p> <p>27. <input type="checkbox"/> Safety Shower Unblocked</p> <p>28. <input type="checkbox"/> Emergency/Second Exit Open</p> <p>29. <input type="checkbox"/> Trip Hazards Absent</p> <p>30. <input type="checkbox"/> Anti-roll Lips on Open Shelves</p> <p>31. <input type="checkbox"/> Hazardous Items Stored > 6 Feet</p> <p>32. <input type="checkbox"/> Fire Doors Unblocked</p> <p>33. <input type="checkbox"/> Proper Guards on Moving Parts</p> <p>34. <input type="checkbox"/> Fire Extinguishers Present</p> <p>35. <input type="checkbox"/> General Housekeeping</p>	<p>Radiation Safety</p> <p>36. <input type="checkbox"/> Radioisotopes Used in Area</p> <p>37. <input type="checkbox"/> NRC Form 3 Posted</p> <p>38. <input type="checkbox"/> NRC ER Procedures Posted</p> <p>39. <input type="checkbox"/> Radioactive Materials Secure</p> <p>Reviewed by:</p> <p>Key: Y = Yes N = No U = Not Applicable</p>
<p>Good Materials Concerns</p> <p>9. <input type="checkbox"/> Appropriate Labeling</p> <p>10. <input type="checkbox"/> Materials Properly Segregated</p> <p>11. <input type="checkbox"/> Compatible Containers & Closures</p>		
<p>Records Management</p> <p>12. <input type="checkbox"/> HMM Manual Available</p> <p>13. <input type="checkbox"/> Inventory Records Current</p> <p>14. <input type="checkbox"/> HWD Form Current</p> <p>15. <input type="checkbox"/> Training Records</p> <p>16. <input type="checkbox"/> MSDSs Available</p>		

Comments:

Copy to T. Houts J. Crawford D. Dorth Continued on back
 (Specify additional names) _____

Discussed Results with RU Other Person (specify) _____
 On Monitoring Date Other Date (specify) _____ In Person By Phone By E-mail

Completed by: _____ Initial First Second Third