

**Laboratory Commissioning Notification & Verification Form**

<b>Details of Principal Investigator</b>		
Name	Contact No. (office)	Designation
Department/Organization/Institution	Location of laboratory or laboratory space	Email
Key Contact Person of Laboratory (i.e. LO,RF,RA) Name & Contact No.:		

<b>Department:</b>	<b>Block /Room No : &amp; PI's name</b>	<b>Date Commissioned:</b>		
<b>General Safety &amp; Health</b>				
<b>Work Environment / Housekeeping</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>
1. Bench tops clean & organized?				
2. Heavy items stored on lower shelves?				
3. Items stored on top of shelves have a distance of at least 50cm clearance from the ceiling/sprinklers (unobstructed)?				
4. All communication devices (phone, fax machines, etc.) are operational?				
<b>Personal Hygiene</b>				
5. Eating, drinking prohibition notice posted?				
6. Laboratory refrigerators prohibiting food storage notice posted on refrigerator doors?				
7. Hangers/ hooks for lab coats available?				
8. Towels & liquid soap present at designated sink?				
9. PPE signs posting available?				
<b>Laboratory Equipment</b>				
10. Logbooks for maintenance of equipment available? (i.e. Autoclaves, centrifuges, fume hood, BSC, etc)				
11. Is Faculty Safety and Health Officer notified for lifting of heavy equipment?				
<b>Safety Showers &amp; Eye Washes</b>				
12. Safety showers & approved eye washes provided and accessible?				
13. Inspection tags available?				
14. Adequate signage present?				
<b>Compressed Gas Cylinder</b>				
15. Each compressed gas cylinder marked with the identity of its contents?				
16. Gas cylinders are secured and chained individually so that they will not tip over or fall?				
<b>Cryogenics</b>				
17. Storage containers in well ventilated places? (i.e. not to be kept in cold rooms)				



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## Laboratory Commissioning Checklist

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<b>Electrical Safety</b>				
18. Tool, appliance and instrument earthed correctly?				
19. Electrical outlets not overloaded?				
20. Cords not placed in pathways or other areas which obstruct pathways/cause tripping hazards?				
<b>Biological Safety</b>				
21. Access to lab limited or restricted?				
22. Entrance signage includes biosafety level, & any special requirements for entry?				
<b>Chemical Safety</b>				
<b>Storage</b>				
23. Chemicals kept in proper storage cabinets (eg. Corrosive & Flammable safety cabinet)?				
24. Controlled hazardous substances & poisons kept under log, lock & key?				
<b>Flammable Liquids</b>				
25. Flammable & combustible liquids kept in approved Flammable Safety Cabinets (FSC)?				
26. Flammable liquids and gases are kept within the maximum allowable limit (MAQ)?				
27. Flammable liquids not stored near hot plates or other ignition sources?				
<b>Radiation Safety</b>				
<b>Radioactive work area</b>				
28. Designated area/room meant for radioactive work properly marked & labeled? Proper signage?				
29. Access to work area limited & restricted?				
<b>Laser Safety</b>				
30. Laser area identified by proper signage?				
<b>Emergency Preparedness</b>				
<b>Emergency Planning &amp; Procedures</b>				
31. Emergency telephone numbers posted near telephones?				
32. First Aid box available? Staff & students know where to locate?				
33. Spill control materials available? Staff & students know where to locate?				
34. Fire extinguishers available? Staff & students know where to locate?				
35. Sprinkler system, fire hose, extinguishers, calls points, etc. unobstructed?				
<b>Escape Route</b>				
36. All pathways free from obstruction?				
37. Staff & students aware of exit doors/evacuation routes?				
<b>Security</b>				
38. Doors to the lab operational, close & lock properly?				
<b>Staff Awareness</b>				
39. Do staff know who is the Faculty Safety & Health Officer?				
40. Do staff know Campus Security contact number?				



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41. Do staff know where to locate and how to use the OSHE  
Lab sign generator?

<https://wws.nus.edu.sg/workplacesign/labsign.aspx>

\_\_\_\_\_  
Responsible Party  
(i.e., Principal Investigator or Head of Department)

\_\_\_\_\_  
Date

## **Physical Verification by Faculty Safety and Health Officer**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date