

Attachment B

Inspection Report

Laboratory Number: _____		Date & Time of Inspection: _____					
Inspector and Title: _____					Date of Report: _____		
Report Distributed to: <u>See cover memo.</u>							
Current Items: _____			Carryover Items: _____ (Marked with *)			Total Items: _____	
ITEM	RANK	DESCRIPTION	SPECIFIC LOCATION	CORRECTIVE ACTION RECOMMENDED	REC. COMP. DATE	SUPERVISOR	CORRECTIVE ACTION TAKEN
1	A	Container in SAA not capped properly	SAA under the middle work station	Place cap on container	now		
2	B	Boxes blocking walk area	Aisleway from the front of the lab to the back is obstructed	Throw old boxes away, move other items out of the way	1 week		
3	C	No fire extinguisher sign	Fire extinguisher is located next to the fume hood	Purchase a "Fire Extinguisher Here" sign and mount above the fire extinguisher	2 weeks		

Ranking System:

- A** - must be addressed immediately
- B** - must be addressed within one or two weeks
- C** - can be addressed by next inspection