Report Date: Click for date.

Route to: 🞎 Activity’s Contact: Click to enter name. 🞎 Received

 🞎 Department Chair: Click to enter name. 🞎 Received

 🞎 Laboratory Manager: Click to enter name. 🞎 Received

Audit Type: 🞎 Routine 🞎 Minimum-level Audit Date: Click for date.

Activity audited:🞎 281L 🞎 282 🞎 410L

 🞎 Other (describe): Click and briefly describe.

Location(s): 🞎 Room 239 🞎 Room 241 🞎 Room 242/245

 🞎 Other (describe): Click to describe location.

Audit performed by: Click to enter name.

Required Corrective Actions (CA) [ ]  Yes [ ]  No

Safety Performance Review (SPR) Recommend [ ]  Yes [ ]  No

[Provide a concise description, keeping extent of this table to page 1.]

|  |  |  |
| --- | --- | --- |
| **Required Minimum-Level Audit** | **Finding** | **Description** |
| 1. EHS-CHP is available | [ ]  Yes[ ]  No[ ]  CA |  |
| 2. Site-specific CHP (SOP 002A) is available | [ ]  Yes[ ]  No[ ]  CA |  |
| 3. Has activity-specific safety procedures | [ ]  Yes[ ]  No[ ]  CA |  |
| 4. Additional safety procedures are needed or are being developed | [ ]  Yes[ ]  No[ ]  CA |  |
| 5. Evidence that ALL appropriate training has been completed | [ ]  Yes[ ]  No[ ]  CA |  |

[Provide a concise description, keeping extent of this table to page 2.]

|  |  |  |
| --- | --- | --- |
| **Required Routine Level Audit** | **Finding** | **Description** |
| 6. Evidence that EHS-CHP is used | [ ]  Yes[ ]  No[ ]  CA[ ]  SPR |  |
| 7. Evidence that site-specific CHP is used | [ ]  Yes[ ]  No[ ]  CA[ ]  SPR |  |
| 8. Evidence that ALL activity-specific procedures are used | [ ]  Yes[ ]  No[ ]  CA[ ]  SPR |  |
| 9. Records of incidents | [ ]  Yes[ ]  No[ ]  CA[ ]  SPR |  |
| 10. Evidence of addressing incidents and improving the safety system | [ ]  Yes[ ]  No[ ]  CA[ ]  SPR |  |

**List of Required Corrective Actions**

[Provide a clear and complete description of each corrective action. Add rows as needed]

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |