Audit Type: 🞎 Routine 🞎 Minimum-level 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.

Activity’s Contact: Click to enter name. E-mail: Click to enter e-mail.

Audit performed by: Click to enter name.

Audit initiated by: 🞎 Request 🞎 Observation 🞎 Change in activity

Hazards: 🞎 Chemical 🞎 Physical (mechanical/heat/pressure) 🞎 Biological

[Provide a complete comment, but keep extent of this table to page 1.]

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Minimum-Level Audit** | **Y** | **N** | **Comment** |
| 1. EHS-CHP is available |  |  |  |
| 2. Site-specific CHP (SOP 002A) is available |  |  |  |
| 3. Has activity-specific safety procedures |  |  |  |
| 4. Additional safety procedures are needed or are being developed |  |  |  |
| 5. Evidence that ALL appropriate training has been completed |  |  |  |

[Provide a complete comment, but keep extent of this table to page 2.]

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Routine Level Audit** | **Y** | **N** | **Comment** |
| 6. Evidence that EHS-CHP is used |  |  |  |
| 7. Evidence that site-specific CHP is used |  |  |  |
| 8. Evidence that ALL activity-specific procedures are used |  |  |  |
| 9. Records of incidents |  |  |  |
| 10. Evidence of addressing incidents and improving the safety system |  |  |  |