

UTA Laboratory Evaluation Rubric

Item Inspected	Compliant	Non-compliant	Critical Non-compliant
Hazard Communication Act/General Safety			
There is no evidence of eating, drinking, or applying cosmetics in the laboratory.	Eating, drinking, handling contact lenses, applying cosmetics, and storing food for human consumption were not evident in the laboratory. An exception to this is when food is used as a part of the laboratory process – these items must be clearly labeled "Not for human consumption".	This item will only be a critical violation.	Food or drink found in the laboratory.
Principal Investigator has completed annual chemical inventory – chemical list is maintained/current.	Annual chemical inventory has been completed by the Principal Investigator and is up to date.	Annual chemical inventory is less than 6 months past due.	Annual chemical inventory is more than 6 months past due.
All chemical containers and gas cylinders are barcoded.	All chemical containers and/or gas cylinders are barcoded.	Some chemical containers and/or gas cylinders were not barcoded or found in an incorrect location.	The majority of chemicals containers and/or gas cylinders were not barcoded, found in an incorrect location. There has been or no attempt to participate in the chemical inventory program.
Peroxide forming chemical containers are dated when received, opened and opened, tested for peroxide levels every 3 months, and not stored beyond their maximum storage time limit.	Peroxide forming chemical containers are dated when received and opened. Additionally, peroxide levels are tested every 3 months, and not stored beyond their maximum storage time limit.	This item will only be a critical violation.	Peroxide forming chemical containers are not dated when received and opened or tested for peroxide levels every 3 months, or stored beyond their maximum storage time limit.
Controlled substance security is adequate to prevent unauthorized use, access, or diversion.	Controlled substance security is adequate to prevent unauthorized use, access, or diversion.	This item will only be a critical violation.	Controlled substances are not secured and are accessible to unauthorized use, access, or diversion.
The Class D fire extinguisher is unobstructed.	Class D fire extinguisher is available and not obstructed in any direction.	Class D fire extinguisher obstructed by small light weight items, trash cans, boxes, etc.	Class D fire extinguisher obstructed by heavy/large/hard to move items. The fire extinguisher is not visible.
Secondary containers, other than ones for immediate use, are labeled with the proper chemical name and associated hazard(s).	Secondary containers, other than those for immediate use, are labeled with the chemical name and associated hazard(s).	Some secondary containers were not labeled with the chemical name and the hazard(s) present.	The majority of secondary containers were not labeled properly.
Breakable chemical containers stored on the floor are in secondary containment.	No breakable chemical containers stored on the floor outside of a secondary container.	One or two breakable chemical containers stored on the floor outside of a secondary container.	Several containers, or any highly hazardous chemicals such as corrosives in glass bottles, are stored on the floor without a secondary container.
Chemical containers are closed if not in use.	Chemical containers are closed if not in use.	A few chemical containers were found open when not in use.	Several containers or any container of highly hazardous chemical, such as mercury, found open when not in use, creating possible exposure to lab users.
Original chemical container labels are legible and not removed or defaced.	Original chemical container labels with the identified hazards are not removed or defaced.	A few original labels on chemical containers were not legible.	Original labels of several containers or any container of highly hazardous chemical, such as hydrogen fluoride, were not legible.
Flammable storage cabinets used in the laboratory are approved per NFPA code and labeled properly.	Flammable storage cabinet used in the laboratory is approved per NFPA code and labeled properly.	Flammable storage cabinet used in the laboratory is not approved per NFPA code and/or not labeled properly.	This item will only be a non-compliant violation.
Flammable solvents requiring refrigeration are properly stored in a properly labeled and approved flammable storage or explosion proof refrigerators.	Flammable solvents requiring refrigeration are properly stored in a properly labeled and approved flammable or explosion proof refrigerator.	Flammable solvents requiring refrigeration are properly stored in an approved flammable or explosion proof refrigerator that is not properly labeled.	Flammable solvents requiring refrigeration are stored in a household refrigerator.

UTA Laboratory Evaluation Rubric

Item Inspected	Compliant	Non-compliant	Critical Non-compliant
The amount of flammable chemicals outside of approved flammable storage cabinets/refrigerators is minimized.	No more than 10 gallons of flammable chemicals were located outside of approved flammable storage cabinets/refrigerators.	More than 10 gallons of flammable chemicals were located outside of flammable storage cabinets/refrigerators.	More than 20 gallons of flammable chemicals were located outside of flammable storage cabinets/refrigerators.
Chemicals are stored by hazard class, based on compatibility, and in accordance with SDS.	Chemicals are well organized. Incompatible materials are not stored together. While a few bottles may be present on the benchtop, an obvious effort is given to make sure chemicals that are not in use are put away.	Chemicals are poorly organized or no organization is employed. Incompatible materials are stored together such as acids and bases or no segregation strategy is employed.	Incompatible chemicals such as heavy metals (lithium, zinc, tin, magnesium, copper, chromium, nickel, mercury) stored by oxidizers or corrosives, creating possible violent reaction with a potential fire and explosion hazard.
Liquid corrosives are stored below eye level (5 ft.)	Liquid corrosive containers are stored above eye level (5 ft.)	This item will only be a critical violation.	Open containers of corrosives stored on high shelves creating possible exposure to eyes and skin if spilled.
Compressed gas cylinders are secured with the safety cap in place when cylinders are not in use.	All gas cylinders are secured and have safety caps when not in use.	One or two gas cylinder(s) found not secured, safety cap missing and/or regulator on cylinder when not in use.	Multiple cylinders secured with inadequate strap or chain, missing safety caps and/or regulators on cylinders when not in use.
The Chemical Spill Kit is completely stocked.	The Chemical Spill Kit is completely stocked.	The Chemical Spill Kit is not completely stocked.	This item will only be a non-compliant violation.
Laboratories with Approved "Chemical-free Area" Designation			
No evidence of eating, drinking, handling contact lenses, applying cosmetics, storing food for human consumption, food preparation, and/or dish washing was found in the "Hazardous Area".	Evidence of eating, drinking, handling contact lenses, applying cosmetics, storing food for human consumption, food preparation, and/or dish washing was not found in the "Hazardous Area".	This item will only be a critical violation.	Evidence of eating, drinking, handling contact lenses, applying cosmetics and/or storing food for human consumption was found in designated "Hazardous Area" location(s). This item must be in compliance to maintain approval for the laboratory "Chemical-free Area" designation.
"Chemical-free Area" and "Hazardous Area" signs are posted to clearly identify these areas of the laboratory.	"Chemical-free Area" signs and "Hazardous Area" signs are posted to clearly identify these areas of the laboratory.	This item will only be a critical violation.	"Chemical-free Area" signs and "Hazardous Area" signs were not posted to clearly identify these areas of the laboratory. This item must be in compliance to maintain approval for the laboratory "Chemical-free Area" designation.
Boundaries for the designated "Chemical-free Area" are clearly marked with tape or other appropriate means.	Boundaries for the designated "Chemical-free Area" are clearly marked with tape or other appropriate means.	This item will only be a critical violation.	Boundaries for the designated "Chemical-free Area" were not clearly marked with tape or other appropriate means. This item must be in compliance to maintain approval for the laboratory "Chemical-free Area" designation.
No evidence of chemical use/storage is found in the "Chemical-free Area".	No evidence of chemical use/storage is found in the "Chemical-free Area".	This item will only be a critical violation.	Evidence of chemical use or storage was found in the "Chemical-free Area". This item must be in compliance to maintain approval for the laboratory "Chemical-free Area" designation.

UTA Laboratory Evaluation Rubric

Item Inspected	Compliant	Non-compliant	Critical Non-compliant
Waste receptacle marked "non-laboratory trash only" is present in the "Chemical-free Area".	Waste receptacle marked "non-laboratory trash only" is present in the "Chemical-free Area".	This item will only be a critical violation.	Waste receptacle marked "non-laboratory trash only" was not present in the "Chemical-free Area". This item must be in compliance to maintain approval for the laboratory "Chemical-free Area" designation.
If any small appliances (microwaves, coffee makers, etc.) are present in the "Chemical-free Area", written permission in accordance with Handbook of Operating Procedure 5-310 is available.	If any small appliances (microwaves, coffee makers, etc.) are present in the "Chemical-free Area", written permission in accordance with Handbook of Operating Procedure 5-310 is available.	This item will only be a critical violation.	Small appliances (microwaves, coffee makers, etc.) were present in the "Chemical-free Area", but written permission in accordance with Handbook of Operating Procedure 5-310 was not available. This item must be in compliance to maintain approval for the laboratory "Chemical-free Area" designation.
Chemical Waste			
Chemical waste is located in the immediate vicinity of generation and under supervision of the person who generated it.	Chemical waste is located in the immediate vicinity of generation and under supervision of the person who generated it.	Chemical waste is generated in one laboratory and taken to a different laboratory for storage.	This item will only be a non-compliant violation.
Each waste container has a properly filled out EH&S waste tag attached to it.	All waste containers are properly labeled and constituents of waste are listed on the EH&S waste tag or on a log sheet.	Incomplete or inaccurate EH&S waste tag or log sheet attached to the container.	No EH&S tag(s) found on waste container(s) or blank tag attached to the container.
Containers are clearly labeled with the words "Hazardous Waste"	All waste containers are properly labeled with the words "Hazardous Waste".	No hazardous waste label found on waste container(s) but has a waste tags are attached.	Containers found that are "inherently waste-like" (appear abandoned or appear to contain waste but are not labeled).
Original labels on containers used for waste are defaced.	Original labels on containers used for waste are defaced.	Container used for waste with original chemical label intact and not defaced.	This item will only be a non-compliant violation.
Waste containers are compatible with their contents.	Waste containers are compatible with their contents.	This item will only be a critical violation.	Waste containers are not compatible with the waste it contains (e.g., hydrogen fluoride is placed in glass containers).
Waste containers are closed unless actively receiving waste.	All waste container lids are closed unless actively receiving waste.	This item will only be a critical violation.	Hazardous waste container lids are not tightened or are missing.
Waste containers are leak proof (no signs of leaks).	Container is not leaking. Container is neat with only minor evidence of previous contamination on the outside.	Container has visible outside contamination but is not actively leaking.	Container is leaking and hazardous waste is present in secondary containment.
Liquid waste containers are properly stored in secondary containment.	All liquid hazardous waste is in secondary containment.	This item will only be a critical violation.	Liquid hazardous waste is not in secondary containment.
Secondary containment for waste is appropriate and in good condition.	Secondary containment for waste is appropriate and in good condition.	This item will only be a critical violation.	Secondary containment for waste is either not appropriate or not in good condition (e.g., container is cracked, spills are present).
Waste is properly managed (no evidence of drain disposal, waste found in regular trash, etc.)	Waste is properly managed (no evidence of drain disposal, waste found in regular trash, etc.)	This item will only be a critical violation.	Evidence of hazardous waste drain disposal. Hazardous waste disposed of in broken glass boxes, biological waste boxes and/or regular trash.
Waste containers are not in need of pickup.	Waste is not in need of pickup or EH&S has been contacted for hazardous waste pick-up via CEMS.	A few full chemical waste containers found in the laboratory and no request for removal of the waste has been submitted to EH&S via CEMS.	Several full chemical waste containers found in the lab and no request for removal of the waste has been submitted to EH&S via CEMS.

UTA Laboratory Evaluation Rubric

Item Inspected	Compliant	Non-compliant	Critical Non-compliant
Incompatible waste is stored in separate secondary containers.	Waste properly segregated; no incompatibles stored together. if leaking, the wastes could not react.	Incompatible wastes, though secondarily contained, stored in the same area.	Incompatible waste stored in such a way that, if leaking, the wastes could come together.
Broken glassware is deposited into puncture resistant containers and only broken glass is present.	Broken glass is deposited into puncture resistant containers. Only broken glass is present in the broken glass box. No chemicals or unapproved items found in the broken glass box.	This item will only be a critical violation.	Broken glass is in a non-puncture resistant box or unapproved items found in the broken glass box, such as containers (including vials) that still have liquid in them.
Special Waste			
Biological and non-biological sharps containers must be available and appropriately labeled when sharps are being utilized in the laboratory.	Biological and non-biological sharps containers are available and labeled properly.	Biological and non-biological sharps containers not available or not labeled properly.	This item will only be a non-compliant violation.
There is no evidence of bent, re-capped, or clipped needles.	There is no evidence of bent, re-capped, or clipped needles.	This item will only be a critical violation.	Evidence of bent, re-capped, or clipped needles found in the laboratory.
Sharps containers are not overfilled.	Sharps containers are not overfilled.	Sharps containers are overfilled.	This item will only be a non-compliant violation.
Requests for sharps removal are submitted to EH&S via CEMS.	Sharps removal requests are submitted to EH&S via CEMS. Containers not overfilled.	Sharps containers found are overfilled or several closed containers need to be disposed of and no request for removal has been submitted to EH&S via CEMS.	This item will only be a non-compliant violation.
Personal Protective Equipment			
Appropriate attire is being worn by occupants (no open-toed shoes, sandals, flip-flops, no short pants, dresses, etc.)	Appropriate attire is being worn by occupants (no open-toed shoes, sandals, flip-flops, no shorts, dresses, etc.)	This item will only be a critical violation.	Laboratory personnel are wearing inappropriate attire. (open-toed shoes, sandals, flip-flops, no shorts, dresses, etc.)
Appropriate PPE is being worn by occupants (lab coat, safety glasses, gloves, etc.)	Appropriate PPE is being worn by occupants (lab coat, safety glasses, gloves, etc.)	This item will only be a critical violation.	Laboratory personnel are not wearing any PPE or wearing inappropriate PPE, such as wearing safety glasses instead of chemical splash goggles if working with corrosives.
The appropriate personal protective equipment for work being performed is present, in good condition, and stored properly.	The personal protective equipment was present, in good condition, and stored properly.	PPE was not present, found to be in poor condition and needs to be replaced, or was stored improperly.	This item will only be a non-compliant violation.
Engineering Controls			
Biological Safety Cabinets present in the laboratory.			
Biological Safety Cabinet (BSC) is being used at a proper sash height.	BSC sash is used at a proper height.	Sash is not at required height when BSC is used in a passive manner.	Sash is not at required height when used in an active manner.
Ultraviolet (UV) light is turned off while BSC is in use.	UV light is turned off while BSC is in use.	UV light is not turned off while BSC is in use.	This item will only be a non-compliant violation.
Waste container is located inside BSC to minimize movement through air barrier during use.	Waste container is located inside BSC when in use to minimize movement through air barrier.	Waste container is not located inside BSC when work is being performed.	This item will only be a non-compliant violation.

UTA Laboratory Evaluation Rubric

Item Inspected	Compliant	Non-compliant	Critical Non-compliant
Objects stored inside BSC must be minimized and kept away from air- intake grilles to ensure proper airflow to protect the user.	Objects stored inside BSC are minimized and kept away from air-intake grilles to ensure proper airflow.	Objects are found in BSC on or near the air-intake grilles, such as pipette tip holders, paper towels, lab glassware, etc.	Objects found in BSC are completely blocking the air-intake grilles and user is not protected.
Activities around BSC that will disturb cabinet's airflow are restricted (e.g., entry, egress, walking traffic).	Activities around BSC that will disturb cabinet's airflow are restricted (e.g., entry, egress, walking traffic).	BSC airflow is impacted by location (exit doors, walkways, air vents).	This item will only be a non-compliant violation.
BSC interior work surface decontamination chemicals are present (70% alcohol is usually suitable).	BSC interior work surface decontamination chemicals are present (70% alcohol is usually suitable).	No disinfectants were found/located in or near the BSC where work is being done with biohazards.	This item will only be a non-compliant violation.
Emergency showers are unobstructed and easily accessible.	Emergency showers are not obstructed.	Emergency showers are obstructed by small light weight items, trash cans, boxes, etc.	Emergency showers are obstructed by heavy/large/hard to move items.
Eyewashes are unobstructed and easily accessible.	Eyewashes are unobstructed and easily accessible.	Eyewash is obstructed by small light weight items, trash cans, boxes, etc.	Eyewash is obstructed by heavy/large/hard to move items.
Physical Hazards			
Belt driven vacuum pumps are protected with belt guards, properly maintained and stored away from flammable chemicals and combustible material.	Belt driven vacuum pumps are protected with belt guards, properly maintained and stored away from flammable chemicals and combustible material.	Belt driven vacuum pump found unprotected and/or with no belt guards. Vacuum pump not properly maintained or located near flammable or combustible materials.	This item will only be a non-compliant violation.
Biological Questions			
Incineration			
Pathological waste is incinerated. Pathological waste includes animal carcasses, body parts, organs, tissue.	Pathological waste is incinerated. Pathological waste includes animal carcasses, body parts, organs, tissue is incinerated.	Animal carcasses, body parts, organs, tissue are not incinerated.	This item will only be a non-compliant violation.
Pathological waste is kept frozen or refrigerated and double-bagged until incinerated.	Pathological waste is kept frozen or refrigerated and double-bagged until incinerated.	Pathological waste is not incinerated and has not been kept frozen or refrigerated and double-bagged.	This item will only be a non-compliant violation.
Autoclaving			
Biohazardous waste is being stored in an appropriate waste container and labeled properly.	The biohazardous waste is stored in an appropriate waste container and labeled properly.	This item will only be a critical violation.	Untreated biohazardous waste found not managed properly, such as disposed of in the regular trash.
Autoclaved biohazardous waste is logged on the "Autoclave Waste Treatment Log" form supplied by EH&S, including date of treatment, amount, method, name, and initials of person treating waste.	Autoclaved biohazardous waste is logged on the "Autoclave Waste Treatment Log" form supplied by EH&S, including date of treatment, amount, method, name, and initials of person treating waste.	Autoclaved biohazardous waste is not logged on the "Autoclave Waste Treatment Log" form supplied by EH&S.	This item will only be a non-compliant violation.
Steam chemical integrator is placed inside each waste load before autoclaving.	A steam chemical integrator is placed inside each waste load before autoclaving.	A steam chemical integrator is not placed inside each waste load before autoclaving.	This item will only be a non-compliant violation.
Thermal autoclave tape is placed across the biohazard symbol on the autoclave bag before treatment.	Thermal autoclave tape is being placed across the biohazard symbol on the autoclave bag before treatment.	Thermal autoclave tape is not placed across the biohazard symbol on the autoclave bag before treatment.	This item will only be a non-compliant violation.

UTA Laboratory Evaluation Rubric

Item Inspected	Compliant	Non-compliant	Critical Non-compliant
Waste to be autoclaved is treated at a minimum of 121 degrees C, 15 psi for 30 minutes for liquid waste or 55-60 minutes for solid waste.	Waste to be autoclaved is treated at a minimum of 121 degrees C, 15 psi for 30 minutes for liquid waste or 55-60 minutes for solid waste.	This item will only be a critical violation.	Waste to be autoclaved is not treated at a minimum of 121 degrees C, 15 psi or 30 minutes for liquid waste or 55-60 minutes for solid waste.
Special Waste			
Disinfecting and Disposing of Biohazardous Liquids within the Laboratory			
Biohazardous liquid waste is stored in an appropriate waste container and labeled properly.	Biohazardous liquid waste is stored in an appropriate waste container and labeled properly.	This item will only be a critical violation.	Biohazardous liquid waste is not stored in an appropriate waste container nor labeled properly.
Liquid biohazardous waste is decontaminated with an appropriate chemical disinfectant for a sufficient contact time before disposed of by pouring to the sanitary sewer.	Liquid biohazardous waste is decontaminated with an appropriate chemical disinfectant for a sufficient contact time before disposed of by pouring to the sanitary sewer.	This item will only be a critical violation.	Liquid biohazardous waste is not decontaminated with an appropriate chemical disinfectant for a sufficient contact time before disposed of by pouring to the sanitary sewer.
During the decontamination process, the biohazardous liquid/disinfectant mixer is appropriately marked and stored in a secondary containment.	During the decontamination process, the biohazardous liquid/disinfectant mixer is appropriately marked and stored in a secondary containment.	Container of disinfectant-waste mixture is not appropriately marked and/or stored in a secondary containment.	This item will only be a non-compliant violation.
Proper chemicals for disinfection are used such as, EPA registered disinfectants or a 1:10 mix of bleach and liquid biohazardous waste.	Proper chemicals for disinfection are used such as, EPA registered disinfectants or a 1:10 mix of bleach and liquid biohazardous waste.	This item will only be a critical violation.	No disinfectants were able to be located in the laboratory.
Stericycle: Disposing of Biohazardous Solids within the Laboratory			
Stericycle boxes are used for solid biohazardous waste: used gloves, paper towels, and unbroken disposable materials.	Stericycle boxes are used for solid biohazardous waste: used gloves, paper towels, and unbroken disposable materials.	Stericycle boxes are used for regular non-biohazardous waste.	Stericycle boxes are used for disposal of sharps or biohazardous liquids.
Stericycle boxes are not more than 3/4 full and weigh no more than 43 lbs.	Stericycle boxes are not more than 3/4 full and weigh no more than 43 lbs.	Stericycle box exceeds 3/4 full and/or weighs more than 43 lbs.	This item will only be a non-compliant violation.
Stericycle box is properly closed with the red plastic liner not visible when ready for disposal.	Stericycle box is properly closed with the red plastic liner not visible when ready for disposal.	This item will only be a critical violation.	Stericycle box is not properly closed, and/or the red plastic liner is visible when ready for disposal.
BSL-2 question			
BSL2 Laboratory has lockable doors and card reader access when human blood/OPIM/tissue/cells are studied.	Laboratory has lockable doors and card reader access when human blood/OPIM/tissue/cells are studied.	This item will only be a critical violation.	Laboratory does not have lockable doors and card reader access when human blood/OPIM/tissue/cells are studied.
Registration of work involving potentially infectious biological agent(s) has been completed by submitting the Human Pathogen Registration (HPR) to EH&S.	HPR has been submitted to EH&S. BSL-2 commissioning is done/in progress.	This item will only be a critical violation.	HPR has not been submitted to EH&S and there is evidence of BSL-2 materials being worked with in the laboratory.
The Human Pathogen Registration Update (HPRU) form has been completed to update any existing HPR registration by describing any changes to a project and HPRU has been submitted to EH&S.	HPRU has been submitted to EH&S. Appropriate changes have been included in HPR.	This item will only be a critical violation.	Information on the HPR has changed and the HPRU has not been submitted to EH&S.
Access to the laboratory is limited when experiments are in progress.	Access to laboratory is limited when experiments are in progress.	This item will only be a critical violation.	Access to laboratory is not limited when experiments are in progress
Liquid biohazardous waste containers are labeled with biohazard sign, have waste tags, and are stored in secondary containment.	Liquid biohazardous waste containers are labeled with biohazard sign, have waste tags, and are stored in secondary containment.	Liquid biohazardous waste containers found with no biohazard sign, waste tags and without secondary containment.	This item will only be a non-compliant violation.

UTA Laboratory Evaluation Rubric

Item Inspected	Compliant	Non-compliant	Critical Non-compliant
Shop Questions			
LOTO procedures are being followed and LOTO records are up to date.	LOTO procedures are being followed and LOTO records are up to date.	LOTO records are not up to date.	LOTO procedures are not being followed to isolate or control hazardous energies.
Every employee performing LOTO has a color-coded lock and tag.	Each employee performing LOTO has a color-coded lock and tag.	Not all employees performing LOTO have a color-coded lock and tag.	This item will only be a non-compliant violation.
Confined Space Entry procedures are being followed and confined space entry records are up to date.	Confined space Entry procedures are being followed and confined space entry records are up to date.	Not all Confined Space Entry records are up to date.	Confined Space procedures are not being followed when entering confined space.
Fall protection procedures are being followed and monthly equipment inspection records are up to date.	Fall protection procedures are being followed and monthly equipment inspection records are up to date.	Fall protection equipment monthly equipment inspection records are not up to date.	Fall protection procedures are not being followed.
Powered Industrial Truck/Forklift daily inspections are documented and up to date.	Powered Industrial Truck/Forklift daily inspections are documented and up to date.	Powered Industrial Truck/Forklift daily inspections are not up to date.	A person is operating a Powered Industrial Truck/Forklift without current training.
There are no indoor air quality issues (i.e. odors, standing water, microbial growth, inadequate ventilation, excessive dust, air pollutants etc.)	There are no indoor air quality issues (i.e. odors, standing water, microbial growth, inadequate ventilation, excessive dust, air pollutants etc.)	There are indoor air quality issues that need to be corrected.	This item will only be a non-compliant violation.
Fire/Life Safety			
Good housekeeping practices are followed in the laboratory, storage of combustibles, such as cardboard boxes and paper, are kept to a minimum.	Majority of items are put away unless currently in use. Equipment is regularly cleaned, floors and aisle spaces are well maintained with no obvious evidence of spills.	Very cluttered bench top with little or no room to put items down. Items near the edge where they can be knocked off the bench. Equipment and/or floors dirty.	Evidence of spills of hazardous materials. Benchtops full of glassware and chemicals causing an imminent threat of an incident or injury.
Laboratory doors are kept closed to provide a fire and smoke barrier.	Laboratory doors are kept closed to provide a fire and smoke barrier.	People were present and the laboratory doors were found open or propped open during inspection. This is a fire life safety issue.	No one was present and the laboratory doors were found open or propped open during inspection. Any BSL-2, radiation, X-ray or laser laboratory found open or propped open at any time. This is a fire life safety issue and a security issue.
Exits and walkways must be kept clear to ensure means of egress with a clear path of 36 inches.	Exits and walkways in the laboratory are free of obstructions and tripping hazards. There is a clear path of 36 inches.	Exits and walkways were found obstructed, i.e. by equipment, furniture, trash cans, etc.	Exits and walkways completely blocked and or door locked, preventing egress.
Ceiling tiles are in place and undamaged.	Ceiling tiles are in place and undamaged.	Laboratory users have damaged, removed or displaced ceiling tiles.	This item will only be a non-compliant violation.
Combustibles are not stored within 24" of the ceiling in non-sprinklered buildings or within 18" of the sprinkler head drop distance from the ceiling.	Storage of combustibles are not stored within 24" of the ceiling in non-sprinklered buildings or within 18" of the sprinkler head drop distance from the ceiling.	Storage of combustibles are stored within 24" of the ceiling in non-sprinklered buildings or within 18" of the sprinkler head drop distance from the ceiling.	This item will only be a non-compliant violation.
Fire extinguisher is not obstructed and easily accessible.	Fire extinguisher is unobstructed and easily accessible.	Fire extinguisher is obstructed by small light weight items, trash cans, boxes, etc.	Fire extinguisher obstructed by heavy/large/hard to move items. The fire extinguisher is not visible.
Electrical Safety			
Permanent use of extension cords has been eliminated. No multi-plug adapters are used or power strips plugged into other power strips.	Permanent use of extension cords has been eliminated. No multi-plug adapters are used or power strips plugged into other power strips.	Extension cords, multi-plug adapters, or power strips plugged into other power strips found.	Extension cords, multi-plug adapters, or power strips plugged into other power strips found with signs of burn marks/melting.

UTA Laboratory Evaluation Rubric

Item Inspected	Compliant	Non-compliant	Critical Non-compliant
Electrical cords are appropriately used (i.e. none are routed above the ceiling tiles or across the floor where they could be a tripping hazard).	Electrical cords are appropriately used (i.e. none are routed above the ceiling tiles or across the floor where they could be a tripping hazard).	Electrical cords found routed above the ceiling tiles or across the walkways.	This item will only be a non-compliant violation.
Electrical cords are in good condition (i.e. none have exposed wiring or cracked, brittle, or frayed insulation).	Electrical cords are in good condition. (i.e., none have exposed wiring or cracked, brittle, or frayed insulation).	This item will only be a critical violation.	Electrical cords found with exposed wiring or cracked, brittle, or frayed insulation.
There is 36 inches of clearance around electrical breaker panel.	There is 36 inches of clearance around electrical breaker panel.	Access to electrical breaker panel is obstructed by small light weight items, trash cans, boxes, etc.	Access to electrical breaker panel is obstructed by heavy/large hard to move items.