# Sample Forms and Checklists

This appendix provides templates and checklists you can adapt for your specific situation. Customize these tools to match your state requirements, district policies, and program needs. Your school attorney should review all templates before implementation.

Implementation should begin by introducing the required forms during pre-service professional development, accompanied by clear training on how to complete them accurately. Establish organized filing systems to ensure proper retention, and schedule regular review dates to maintain consistency and accountability. To support accessibility and redundancy, maintain both paper and digital copies of all documentation.

**Legal Note:** These forms serve as **guides and templates only**. Before implementing any form or checklist in your school or district, you **must**:

1. **Have your school attorney review** each form for compliance with your state laws, local regulations, and district policies
2. **Revise the forms** based on your attorney's recommendations and your specific needs
3. **Submit the final revised forms to your Board of Education for official approval**
4. **Use only board-approved versions** in your school or district

Once properly reviewed, revised, and board-approved, these forms serve as documentation proving you met your duty of care. Complete them thoroughly and honestly. Incomplete or inaccurate forms provide no legal protection and may actually create liability.

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**FORM 1: PRE-LABORATORY SAFETY CHECKLIST**

Use this checklist before EVERY laboratory activity to verify that all safety requirements are met.

Teacher: _____ Date: _____ Lab Activity: _____

**STUDENT READINESS**

- ☐ All students have signed safety agreements on file
- ☐ Safety instructions are provided and documented in lesson plans
- ☐ Students assessed on safety procedures (minimum 90% passing score required)
- ☐ Students who failed the safety assessment were provided remediation and reassessed
- ☐ Alternative assignments were prepared for students not cleared to participate

**FACILITY AND EQUIPMENT**

- ☐ Laboratory space appropriate for this activity
- ☐ Adequate space for the number of students participating
- ☐ Eyewash station tested and functional (weekly test documented)
- ☐ Safety shower tested and functional (weekly test documented)
- ☐ Fire extinguisher accessible and inspection current
- ☐ Fire blanket accessible
- ☐ Fume hood tested and functional (if required for an activity)
- ☐ Emergency gas/water shut-offs are accessible and functional
- ☐ All electrical outlets tested (GFCIs functional near water sources)
- ☐ Emergency exits are clear and accessible
- ☐ Emergency phone is accessible with posted instructions
- ☐ Appropriate signage posted (eye protection required, safety equipment locations, emergency procedures)

**MATERIALS AND CHEMICALS**

- ☐ All chemicals have current Safety Data Sheets accessible
- ☐ Chemicals are stored properly and compatibly
- ☐ All chemical containers are properly labeled
- ☐ Chemicals are inspected for deterioration or damage
- ☐ Appropriate chemical quantities are prepared (minimum amounts necessary)
- ☐ Waste disposal procedures are established for each material in the laboratory
- ☐ All glassware is inspected for cracks or chips
- ☐ All equipment is tested and in proper working order
- ☐ No broken or damaged equipment is present in the lab area

**PERSONAL PROTECTIVE EQUIPMENT**

- ☐ Sufficient safety goggles are available for all students and visitors
- ☐ All goggles are inspected for cracks, scratches, or broken straps
- ☐ Additional PPE is available as required (gloves, aprons, face shields)
- ☐ PPE appropriate for the specific hazards of this activity (verified against SDS)
- ☐ Goggle cleaning/disinfecting supplies available

**SUPERVISION**

- ☐ Student-to-teacher ratio is appropriate for the hazard level of the activity
- ☐ No conflicting responsibilities during laboratory time
- ☐ Substitute teacher plans prepared (no lab activities if the teacher is absent)
- ☐ Clear sight lines to all student work areas
- ☐ Plan for what to do if the teacher must leave the room (activity stops, students removed, or qualified replacement provided)

**EMERGENCY PREPAREDNESS**

- ☐ Emergency procedures are reviewed with students
- ☐ Students know the locations of all safety equipment
- ☐ Students know how to activate the eyewash station and safety shower
- ☐ Students know evacuation routes and assembly areas
- ☐ First aid kit is stocked and accessible
- ☐ Spill cleanup materials are available and appropriate for the chemicals in use.
- ☐ The teacher knows the specific emergency response procedures for the chemicals being used.
- ☐ Fire response plan is clear (when to use extinguisher vs. evacuate)

**DOCUMENTATION**

- ☐ The lesson plan includes the safety procedures taught
- ☐ The lesson plan includes the assessment method used
- ☐ The lab log is ready for documentation of any incidents or concerns
- ☐ Camera/phone are available for photographing setup if needed for documentation
- ☐ Student assessment scores are recorded and accessible

All items must be checked before the laboratory activity begins. If an educator cannot check off an item, either address the deficiency or modify/cancel the activity.

Teacher Signature: _____ Date: _____

**FORM 2: EQUIPMENT INSPECTION LOG**

Maintain a continuous record of all equipment inspections. Retain for a minimum of 3 years.

School Year: _____ Teacher/Room: _____

**WEEKLY INSPECTIONS**

| | | |
|---|---|---|
| Date | | |
| Eyewash Station Tested? | ☐ Yes | ☐ No |
| Safety Shower Tested? | ☐ Yes | ☐ No |
| Problems Identified? | ☐ Yes | ☐ No |
| Action Taken | ☐ Yes | ☐ No |
| Inspector Signature | | |

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**MONTHLY INSPECTIONS**

Inspection Date: _____

**Fume Hood:**

- ☐ Airflow adequate (tested with tissue paper or airflow meter)
- ☐ Sash operates properly
- ☐ Interior is clean and unobstructed

Problem(s) Identified/Action(s) Taken: _____

**Emergency Equipment:**

- ☐ Fire extinguisher pressure gauge is in the green zone
- ☐ Fire extinguisher inspection tag is current
- ☐ Fire blanket is accessible and in good condition
- ☐ Emergency gas shut-off is accessible and functional
- ☐ Emergency water shut-off is accessible and functional
- ☐ First aid kit stocked with current supplies

Problem(s) Identified/Action(s) Taken: _____

**Electrical Safety:**

- ☐ All GFCI outlets are tested and functional
- ☐ No frayed cords or damaged plugs observed

- ☐ No overloaded outlets or extension cords

Problem(s) Identified/Action(s) Taken: _____

**Chemical Storage:**

- ☐ Chemicals stored by compatibility
- ☐ All containers are properly labeled
- ☐ No leaking or deteriorating containers
- ☐ The storage area is clean and organized
- ☐ Ventilation is adequate
- ☐ The storage area is locked when unattended

Problem(s) Identified/Action(s) Taken: _____

Inspector Signature: _____ Date: _____

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**FORM 3: LABORATORY INCIDENT REPORT**

Complete immediately after any injury, near-miss, or safety violation. Submit a copy to administration within 24 hours.

Report Date: _____ Incident Date/Time: _____ Teacher: _____

**INCIDENT INFORMATION**

Type of Incident:

- ☐ Student injury
- ☐ Staff injury
- ☐ Visitor injury
- ☐ Near-miss (no injury)
- ☐ Property damage
- ☐ Safety violation
- ☐ Equipment failure
- ☐ Chemical spill
- ☐ Other: _____

Severity:

- ☐ Minor (first aid only)
- ☐ Moderate (medical attention recommended)
- ☐ Serious (emergency medical response required)
- ☐ Critical (hospitalization required)

**PEOPLE INVOLVED**

Injured Person(s): _____ Age/Grade (if student): _____
Witnesses Present: _____

**INCIDENT DESCRIPTION**

What happened? (Describe sequence of events in detail):

_____

_____

_____

Where exactly did the incident occur? _____

What activity was being conducted? _____

What caused or contributed to the incident? _____

**SAFETY MEASURES IN PLACE**

Were proper safety procedures followed before the incident?

- ☐ Safety instruction provided: Date: _____
- ☐ Students assessed on safety: Date: _____
- ☐ Required PPE being worn: ☐ Yes ☐ No ☐ N/A
- ☐ Equipment inspected before use: ☐ Yes ☐ No ☐ N/A
- ☐ Appropriate supervision provided: ☐ Yes ☐ No
- ☐ All safety equipment functional: ☐ Yes ☐ No ☐ N/A

If any answer above is "No," explain: _____

**INJURY DETAILS (if applicable)**

Nature of injury: _____
Body part(s) affected: _____
First aid provided: _____
Medical attention sought: ☐ Yes ☐ No
If yes, where: _____
Parent contacted: ☐ Yes ☐ No
Time: _____
Administration notified: ☐ Yes ☐ No
Time: _____

**RESPONSE AND FOLLOW-UP**

Immediate actions taken:

_____

_____

Scene secured: ☐ Yes ☐ No ☐ N/A

Hazard contained/eliminated: ☐ Yes ☐ No ☐ N/A

Other students removed from danger: ☐ Yes ☐ No ☐ N/A

What will be done to prevent similar incidents?

_____

_____

Changes needed to:

- ☐ Instruction/training

- ☐ Equipment/facilities
- ☐ Procedures/protocols
- ☐ Supervision
- ☐ Other: _____

Specific changes to be implemented: _____
Implementation date: _____
Person responsible: _____

**SIGNATURES**

Teacher Signature: _____ Date: _____
Administrator Signature: _____ Date: _____

Follow-up review completed: ☐ Yes ☐ No Date: _____

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**FORM 4: ANNUAL SAFETY AUDIT FOR SCIENCE/STEM FACILITIES**

Complete at the beginning of each school year and whenever significant changes occur. Share with the administration.

School Year: _____ Facility: _____ Date: _____
Auditor: _____

**PHYSICAL SPACE**

Room Specifications:

Laboratory square footage: _____ sq ft
Number of students accommodated: _____
Square footage per student: _____

- ☐ Adequate space for safe movement
- ☐ Clear sight lines to all work areas
- ☐ Two exits accessible
- ☐ Exit routes clear of obstructions

Surfaces and Fixtures:

- ☐ Work surfaces are chemical-resistant
- ☐ Work surfaces are in good condition (no cracks, chips, damage)
- ☐ Flooring is slip-resistant and in good condition
- ☐ Ceiling tiles are intact and in good condition
- ☐ Lighting is adequate for detailed work
- ☐ Windows operable for emergency ventilation

Issues Identified: _____ Action Needed: _____

**ENGINEERING CONTROLS**

Eyewash Station:

- ☐ Present and accessible within 10 seconds from any point in the room
- ☐ Tested weekly (logs current)
- ☐ Delivers tepid water (60-100°F)
- ☐ Capable of 15-minute continuous flow
- ☐ Irrigates both eyes simultaneously
- ☐ Unobstructed path from any work area
- ☐ Clearly marked with signage

Safety Shower:

- ☐ Present and accessible within 10 seconds from any point in the room
- ☐ Tested weekly (logs current)
- ☐ Delivers tepid water (60-100°F)
- ☐ Capable of 15-minute continuous flow
- ☐ Drenches the entire body
- ☐ Unobstructed path from any work area
- ☐ Clearly marked with signage
- ☐ Pull chain/handle accessible

Fume Hood:

- ☐ Present (if required for chemicals used)
- ☐ Tested monthly (logs current)
- ☐ Airflow adequate (minimum 80-120 fpm face velocity)
- ☐ Sash operates properly
- ☐ Interior is clean
- ☐ NOT used for storage
- ☐ Annual inspection is current

Ventilation:

- ☐ General room ventilation is adequate
- ☐ Air changes per hour meet standards
- ☐ HVAC system is functional
- ☐ Windows operable if needed

Fire Safety:

- ☐ Fire extinguisher accessible (within 75 feet)
- ☐ Fire extinguisher inspected (tag current)
- ☐ Fire blanket accessible
- ☐ Sprinkler system functional
- ☐ Smoke detectors functional
- ☐ Fire alarm pull station accessible

Emergency Shut-Offs:

- ☐ Gas emergency shut-off present and marked
- ☐ Gas shut-off accessible
- ☐ Water emergency shut-off present and marked
- ☐ Water shut-off accessible
- ☐ Electrical disconnect accessible

Issues Identified: _____ Action Needed: _____

**CHEMICAL STORAGE**

Storage Facilities:

- ☐ Secure storage room or cabinets
- ☐ Storage area lockable
- ☐ Ventilation is adequate in the storage area
- ☐ Chemicals stored by compatibility (NOT alphabetically)
- ☐ Corrosives stored low (below shoulder height)
- ☐ Flammables in approved cabinet
- ☐ Oxidizers separated from flammables
- ☐ No chemicals stored on the floor
- ☐ No chemicals stored above eye level
- ☐ Shelves secured to walls
- ☐ Spill containment in place

Chemical Management:

- ☐ Current chemical inventory is maintained
- ☐ Safety Data Sheets for all chemicals is accessible
- ☐ All containers are properly labeled
- ☐ No unlabeled containers
- ☐ No deteriorating containers
- ☐ No chemicals past expiration/shelf life
- ☐ Waste disposal procedures established

Issues Identified: _____ Action Needed: _____

**PERSONAL PROTECTIVE EQUIPMENT**

Availability:

- ☐ Chemical splash goggles sufficient for all students
- ☐ Goggles meet ANSI Z87.1 standard
- ☐ Goggles cleaned/disinfected between uses
- ☐ Storage for goggles (not in cardboard boxes)
- ☐ Disposable gloves available (multiple sizes)
- ☐ Reusable gloves appropriate for chemicals used
- ☐ Aprons/lab coats available
- ☐ Face shields available (if needed)

Condition:

- ☐ All PPE inspected regularly
- ☐ Damaged PPE removed from service
- ☐ Replacement PPE budget established

Issues Identified: _____ Action Needed: _____

**EQUIPMENT**

Condition of Equipment

- ☐ All equipment inventoried
- ☐ Inspection schedule established
- ☐ All equipment in working order
- ☐ Broken equipment tagged and removed from service
- ☐ Repair/replacement system in place

Specific Equipment:

- ☐ Balances calibrated
- ☐ Hot plates functional with working indicator lights
- ☐ Bunsen burners functional with no gas leaks
- ☐ Glassware inspected (no cracks/chips)
- ☐ Thermometers functional (no mercury thermometers)
- ☐ Microscopes functional and clean
- ☐ All electrical equipment has grounded plugs
- ☐ No frayed cords or damaged plugs

Issues Identified: _____ Action Needed: _____

**SIGNAGE AND POSTED INFORMATION**

Required Signage Present:

- ☐ "Eye Protection Required" sign
- ☐ Safety shower location sign
- ☐ Eyewash station location sign
- ☐ Fire extinguisher location sign
- ☐ Emergency exit signs
- ☐ Evacuation route map at each exit
- ☐ Emergency phone numbers posted
- ☐ NFPA diamond (if storing hazardous chemicals)

Emergency Information:

- ☐ Emergency procedures posted
- ☐ Phone calling instructions posted
- ☐ Emergency contact numbers current

Issues Identified: _____ Action Needed: _____

**DOCUMENTATION AND POLICIES**

Required Documents:

- ☐ Chemical Hygiene Plan, current and board-approved
- ☐ Safety policies, board-approved
- ☐ Safety acknowledgment forms on file for all students
- ☐ Lesson plans document safety instruction
- ☐ Safety assessments on file
- ☐ Equipment inspection logs current
- ☐ Incident reports filed properly

Teacher Training:

- ☐ Teacher properly certified for subjects taught
- ☐ Teacher received safety training (documented)
- ☐ Training current within past year
- ☐ Teacher trained on fire extinguisher use
- ☐ Teacher knows emergency procedures

Issues Identified: _____ Action Needed: _____

**SUMMARY AND ACTION PLAN**

Total Issues Identified: _____

Critical Issues Requiring Immediate Attention:

_____

_____

Issues Requiring Attention This School Year:

_____

_____

Budget Needs Identified:

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Overall Facility Safety Rating:

☐ Excellent - All standards met, no significant issues
☐ Good - Minor issues identified, action plan in place
☐ Fair - Multiple issues identified, immediate attention required for some
☐ Poor - Significant safety deficiencies, activities should be limited until addressed

Auditor Signature: _____ Date: _____
Administrator Review Signature: _____ Date: _____

Follow-Up Review Scheduled For: _____

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