PLAINTIFF'S EXHIBIT

MON-2155

Monsanto

FROM (NAME & LOCATION) John Garton - Texas City

June 7, 1983

SUBJECT : Laboratory Safety/Housekeeping Check List

REFERENCE :

TO : A. H. Conrad, SHAC Chairman

cc: Rufus Baca
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A proposed check list for evaluating laboratories during quarterly inspections is attached. It follows the format of the list used for units/shops. The list has been approved by the Technical Center Safety Committee and a QA Lab representative.

John Garton
TCSC Member

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Attachment

LABORATORY SAFETY/HOUSEKEEPING CHECK LIST

Building _____

Date _____ Inspector _____

SAFETY

1. PERSONAL KNOWLEDGE OF	GOOD	POOR	COMMENTS
Assembly Points	____	____	_____
Nearest Shower/Eyebath/Extinguisher	____	____	_____
Main Disconnects/Shutoffs	____	____	_____
Safety Procedures	____	____	_____
Safety Log Book	____	____	_____
Lab Chemical/Equipment Hazards	____	____	_____
Safety Meetings/Review of P-Bulletins	____	____	_____
Fire Codes/Response	____	____	_____
Building Evacuation Alarms	____	____	_____
Emergency Shutdown Action	____	____	_____

2. PERSONAL SAFETY EQUIPMENT			
Safety Glasses	____	____	_____
Goggles/Face Shields	____	____	_____
Aprons/Gloves	____	____	_____
Shoes/Boots	____	____	_____
Chemical/Dust Respirators	____	____	_____
Hearing Protection	____	____	_____
Scott Air Packs/Escape Masks	____	____	_____

3. CONDITION OF SAFETY EQUIPMENT			
Safety Showers/Eyebaths	____	____	_____
Fire Extinguishers	____	____	_____
Deluge Systems	____	____	_____
Safety Signs	____	____	_____
Bypassing of Protective Devices	____	____	_____
Amyl Nitrite Ampules In Date	____	____	_____
Hoods - Inspected/Alarms	____	____	_____

SAFETY HAZARDS	GOOD	POOR	COMMENTS
Work/Office Area Separation Unmarked	___	___	_____
Smoking, Food or Drink in Work Area	___	___	_____
Office Area Storage of Samples/Chemicals	___	___	_____
Lab Equipment Used for Eating Purposes	___	___	_____
Missing/Poor Labels on Chemicals/Samples	___	___	_____
Vacuum/Pressured Glassware not Shielded	___	___	_____
Chipped/Cracked/Broken Glassware in Use	___	___	_____
Spills or Leaks not Cleaned Up	___	___	_____
Wet/Slippery Floors	___	___	_____
Unguarded Rotating Equipment	___	___	_____
Hoses Cracked or Split	___	___	_____
Unchained Gas Cylinders	___	___	_____
Ladders Unsafe/Inspection Not Current	___	___	_____
Blocked Safety Equipment/Exits	___	___	_____

HOUSEKEEPING

1. WORK AREAS

Bench/Counter Tops	___	___	_____
Floors	___	___	_____
Hoods	___	___	_____
Storage Cabinets/Drawers	___	___	_____
Sample/Chemical Storage Areas	___	___	_____
Outside Areas	___	___	_____
Hallways/Passageways	___	___	_____

2. OFFICE/DESK AREAS

Desks	___	___	_____
Bookcases	___	___	_____
File/Storage Cabinets	___	___	_____
Bulletin Boards	___	___	_____
Hallways	___	___	_____
Restrooms	___	___	_____
Food/Drink Areas	___	___	_____

COMMENTS - OTHER