



TENNESSEE BUREAU OF INVESTIGATION

Forensic Services Division

Evidence Receiving Quality Assurance Manual

Appendix T:KLab Safety Checklist

EVIDENCE RECEIVING SAFETY CHECKLIST

MONTH: JANUARY

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

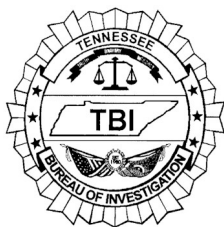
Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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MONTH: FEBRUARY

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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MONTH: MARCH

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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MONTH: APRIL

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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MONTH: MAY

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

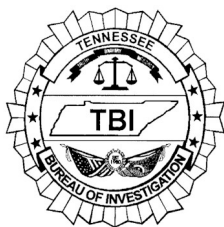
Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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MONTH: JUNE

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

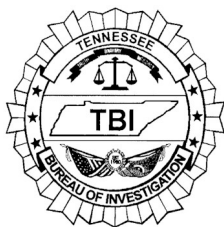
Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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Evidence Receiving Quality Assurance Manual

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MONTH: JULY

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

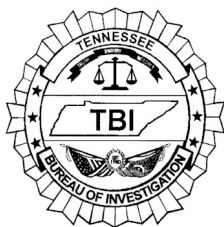
Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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Appendix T:KLab Safety Checklist

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MONTH: AUGUST

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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Forensic Services Division

Evidence Receiving Quality Assurance Manual

Appendix T:KLab Safety Checklist

EVIDENCE RECEIVING SAFETY CHECKLIST

MONTH: SEPTEMBER

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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Forensic Services Division

Evidence Receiving Quality Assurance Manual

Appendix T:KLab Safety Checklist

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MONTH: OCTOBER

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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Forensic Services Division

Evidence Receiving Quality Assurance Manual

Appendix T:KLab Safety Checklist

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MONTH: NOVEMBER

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date:



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Forensic Services Division

Evidence Receiving Quality Assurance Manual

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MONTH: DECEMBER

YEAR:

EYEWASH [WEEKLY]

LOCATION	1	2	3	4	5
1036					

FUME HOODS [QUARTERLY]

LOCATION	NUMBER	SERIAL	PASS	FAIL
1036A	39	32607-28		
1036B	38	32607-37		

FIRST AID KIT(S) [MONTHLY]

STOCKED? [Y/N]:

SPILL KIT [MONTHLY]

UNIVERSAL

AED [MONTHLY]

FUNCTIONAL? [Y/N]
WITHIN EXPIRY? [Y/N]

FIRE EXTINGUISHERS [MONTHLY]

1040

CORRECTIONS NEEDED:

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer:

Date: