MONTH:	JANUARY
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	FEBRUARY
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	MARCH
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	APRIL
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	MAY
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	JUNE
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	JULY
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	AUGUST
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	SEPTEMBER
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	OCTOBER
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	NOVEMBER
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date:

MONTH:	DECEMBER
YEAR:	

EVIDENCE RECEIVING SAFETY CHECKLIST

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	

CORRECTIONS NEEDED:

AED [MONTHLY]

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

FIRE EXTINGUISHERS [MONTHLY]

1040	

Week 1: Date:

Week 2: Date:

Week 3: Date:

Week 4: Date:

Week 5: Date:

Safety Officer: Date: