

FUME HOOD INSPECTION CHECKLIST

Name of Inspector: _____ Date of Inspection: _____

Inspection Type: Annual Semi-annual Re-inspection

1. BUILDING / HOOD INFORMATION

Building: _____ Room No.: _____

Hood Type: _____ Hood No.: _____

Hood location within the room: _____

2. VISUAL INSPECTION – EXTERIOR & INTERIOR OF FUME HOOD & Room

- | | | |
|--|--------------------------------------|--|
| Room under negative pressure to surrounding areas | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Materials blocking air flow | <input type="checkbox"/> Inside Hood | <input type="checkbox"/> Outside Hood <input type="checkbox"/> No |
| Fume hood working area is clear of storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fume hood working area is dry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Equipment in hood on 1"x1" blocks | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| Materials in Hood ≥ 6 " behind face | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| Material in Hood not blocking slots | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| Damper adjustment control present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fan switch present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Connection to other hoods | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Do Not Know |
| Hood flow indicator operating correctly | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| Hood flow indicator calibration current | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| Are hood light fixtures operational | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| Sash Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sash Type | <input type="checkbox"/> Vertical | <input type="checkbox"/> Horizontal <input type="checkbox"/> Combination |
| Sash working properly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maximum safe sash height (18") is set and/or posted: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hood located away from main routes of travel | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hood located away from exit doors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ceiling, room air supply diffuser above front of hood | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fume hood outside housing is free of physical damage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Visible ductwork appears to be undamaged, corroded, or stained | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All external controls are present and working | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. LABORATORY FUME HOOD TESTS PERFORMED & RESULTS

FUME HOOD MEASUREMENTS

<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 100%; height: 100%; padding: 5px;"> <p style="text-align: center; margin: 0;">1</p> <p>_____ (fpm)</p> <p>_____ (P, R, F)</p> <p>_____ (P, R, F)</p> <p>_____ (H - fpm)</p> <p>_____ (V - fpm)</p> </div> </div>	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 100%; height: 100%; padding: 5px;"> <p style="text-align: center; margin: 0;">2</p> <p>_____ (fpm)</p> <p>_____ (P, R, F)</p> <p>_____ (P, R, F)</p> <p>_____ (H - fpm)</p> <p>_____ (V - fpm)</p> </div> </div>	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 100%; height: 100%; padding: 5px;"> <p style="text-align: center; margin: 0;">3</p> <p>_____ (fpm)</p> <p>_____ (P, R, F)</p> <p>_____ (P, R, F)</p> <p>_____ (H - fpm)</p> <p>_____ (V - fpm)</p> </div> </div>
<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 100%; height: 100%; padding: 5px;"> <p style="text-align: center; margin: 0;">4</p> <p>_____ (fpm)</p> <p>_____ (P, R, F)</p> <p>_____ (P, R, F)</p> <p>_____ (H - fpm)</p> <p>_____ (V - fpm)</p> </div> </div>	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 100%; height: 100%; padding: 5px;"> <p style="text-align: center; margin: 0;">5</p> <p>_____ (fpm)</p> <p>_____ (P, R, F)</p> <p>_____ (P, R, F)</p> <p>_____ (H - fpm)</p> <p>_____ (V - fpm)</p> </div> </div>	<div style="display: flex; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 100%; height: 100%; padding: 5px;"> <p style="text-align: center; margin: 0;">6</p> <p>_____ (fpm)</p> <p>_____ (P, R, F)</p> <p>_____ (P, R, F)</p> <p>_____ (H - fpm)</p> <p>_____ (V - fpm)</p> </div> </div>
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(Each measurement area should not exceed 1.0 square foot (1' x 1' or less))

a) Hood Average Face Velocity : _____ (fpm)
 (Sum of all measured face velocities of each area (line one) / by the number of areas measured)

Acceptable (Average Face Velocity = 80 to 120 fpm): Yes No (RED STICKER)

b) Smoke Test #1 (data entered on second line in each area) (P = Pass, F = Fail)

Capture observed at the hood face of all areas Yes No (RED STICKER)

c) Smoke Test #2 (data entered on third line in each area) (P = Pass, F = Fail)

Capture observed 6" behind hood face Yes No (RED STICKER)

IF both tests A, B & C pass post a GREEN STICKER on the hood

d) Cross drafts test, Horizontal and Vertical: (data entered on line 4 & 5 in each area)

Cross draft readings are to be taken 1' in front of the hood face at various locations. If any reading is \geq 20 fpm note in comments section on page 3 of this form.

4. INSPECTION EQUIPMENT INFORMATION

Instrument used: _____ Calibration Date: _____

Date of Inspection: _____ Building & Room Number: _____

Hood Type & ID Number: _____

5. Comments:

6. Hood Failure Follow-up Correspondence and Action:

If failure is related to hood use, e-mail the PI, Lab Manager or Supervisor in charge of the area and explain why the hood failed and corrective actions that must be taken before a re-inspection is performed?

Date correspondence sent to PI, LM, Supervisor: _____

Name of Person correspondence sent to: _____

Date request for re-inspection received by EH&S: _____

Were all noted deficiencies corrected: Yes No

Date re-inspection performed: _____

If failure was related to mechanical issues put a work request into Facilities Maintenance.

Date work request issued from EH&S: _____

Work Order #: _____

Work Order Response Level: _____

Date completed work order received by EH&S: _____

Date re-inspection performed: _____

Did fume hood pass re-inspection: Yes No

After the hood passes inspection put a work order into Facilities Maintenance for calibration of the air flow monitor.

Work Order #: _____

Work Order Response Level: _____

Date completed work order received by EH&S: _____