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| **Fume Cabinet Inspection Checklist** |
| **Checklist Item** | **Yes** | **No** | **Notes and observations** |
| **Thorough Examination and Test completed within the previous 14-month period** |  |  |  |
| **Any signs of physical damage to the cabinet (internal or external)** |  |  |  |
| **Cracking, damage or degradation of the sealant at the edges of the cabinet** |  |  |  |
| **Sash moves smoothly through full range and remains in position when released** |  |  |  |
| **Fume cupboard sash clear and not obscured with writing or signs.** |  |  |  |
| **Alarm is operational (visual and audible) when sash raised above safety point** |  |  |  |
| **Sash high position restrictor in place and functioning properly** |  |  |  |
| **Air flow reading indicator present and working correctly (note air flow reading)** |  |  |  |
| **Cabinet lights (where present) are functioning** |  |  |  |
| **Water supply to cabinet (where present) working and flushed for 2 minutes.** |  |  |  |
| **Gas supply (where present) operational with no evidence of leakage** |  |  |  |
| **Recirculating filter present and changed within supplier guidelines** |  |  |  |
| **Visible ductwork associated with cabinet in good condition with no obvious breaches** |  |  |  |
| **Good housekeeping with no restriction to air flow at the rear of the workspace** |  |  |  |
| **Surfaces reasonably clean and free of contamination** |  |  |  |
| **Debris or detritus present on the ventilation grille / baffles at rear of the cabinet** |  |  |  |
| **Secondary containment of waste containers and other stored liquids** |  |  |  |
|  |
| **Fume Hood Location** |  | **Fume Hood Reference** |  |
| **Inspector Name** |  | **Date of Inspection** |  |

