|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | |  |

