**University of Galway FUME CUPBOARD WEEKLY CHECKLIST – UNIT USE**

**Different nominated researchers/other lab team members** to carry out a **Weekly visual Inspections** of the fume cupboards using a laminated copy of this checklist provided at each Fume Cupboard. They are to record their findings on the checklist and reporting any major problems directly to the relevant technical staff. The **Lab Technical staff** to carry out a complete check **every quarter** and report on SharePoint.
Where there are any significant observations or comments arising from any operational issues, the cupboard(s) are to be taken out of service until further checks are carried out and resolved.

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| Room Reference:  | Serial Number: | Last Service/Inspection date (14mth cycle): |
| **WEEKLY CHECKLIST** | **YES** | **NO** | **OBSERVATIONS/COMMENTS** |
| Is the fume cupboard general tidy and clean |  |  |  |
| Any signs of damage, internal or external |  |  |  |
| Cracking or deterioration of sealant at edges |  |  |  |
| Build-up of debris on plastic mesh to the rear of the cupboard  |  |  |  |
| Sash is free to move through its full range, and remains at the position it is released at (no rising or falling) |  |  |  |
| Sash safety point clearly marked |  |  |  |
| Sash alarm is operational, giving visual and audible alarm when raised above safety point |  |  |  |
| Record air flow rate reading. Minimum for: irritant substances 0.3 m/sec general toxic hazards 0.5 m/sec volatile toxic hazards 0.7 m/sec |  |  | 500mm \_\_\_\_\_\_\_ m/s15mm \_\_\_\_\_\_\_\_ m/s |
| Sash high limit is functioning |  |  |  |
| No internal or external obstructions to air flow into the cupboard e.g., equipment/containers/chemicals, etc. |  |  |  |
| Lights are functional |  |  |  |
| Flush water supply to cupboard for 2 minutes |  |  |  |
| Gas tap operational – No leakage (press finger over outlet with tap shut and check for any build-up of pressure) |  |  |  |
| Inspect external ductwork from cupboard to room exit point for any damage, cracks or breaches |  |  |  |
| Technical Officer name (print): | Signature: | Date of Inspection: |