

HASP Designations– by Audit

Audit ID: _____

Auditor ID: _____

Inspection Date: _____

Lab: _____

Principal Investigator: _____

Overall Lab Risk Assessment: _____

Hazard Type	Rating			
Biohazards	N/A	Low	Moderate	High
Carcinogens	N/A	Low	Moderate	High
Chemical Storage	N/A	Low	Moderate	High
Compressed Gases	N/A	Low	Moderate	High
Corrosives	N/A	Low	Moderate	High
Electrical Hazards	N/A	Low	Moderate	High
Explosive Materials	N/A	Low	Moderate	High
Flammable Gases	N/A	Low	Moderate	High
Flammable Liquids	N/A	Low	Moderate	High
Reactive Chemicals	N/A	Low	Moderate	High
Lasers	N/A	Low	Moderate	High
Oxidizers	N/A	Low	Moderate	High
Poisonous Gases PH	N/A	Low	Moderate	High
Poison Liquids/Solids	N/A	Low	Moderate	High
Ionizing Radiation	N/A	Low	Moderate	High
Water Reactive	N/A	Low	Moderate	High

Contact Information

PI Phone:

(daytime): _____

(night): _____

First Alternate Contact:

(daytime): _____

(night): _____

Second Alternate Contact:

(daytime): _____

(night) : _____

Comments: