

**Stanford University School of Medicine
SELF-INSPECTION SUMMARY FORM**

DATE:	DEPARTMENT:
DEPARTMENT HEALTH & SAFETY CONTACT (HSC):	
HSC PHONE:	HSC EMAIL:
DFA/MANAGER:	

- Laboratory
 Shop
 Common Room
 Office

ROOM(S):

Please use this form to summarize the results of your department's Workplace and Laboratory Self-Inspection. Completing this form fulfills the department's obligation for this element of California's Injury and Illness Prevention Program (IIPP).

Mail a copy of this form (one per department-do not send copies of Self-Inspection Forms!) to the following address by December 31, 2009:

Stanford School of Medicine
 Health and Safety Programs
 MC: 5459
 Fax: (650) 736-0179



- Self-inspection process for our department has been completed. Records are on file and will be maintained by the department for three years.
- All items noted as deficiencies have been corrected.
- All items noted as deficiencies are in process of being corrected.
- Workplace Self-Inspection results have been shared with our department.

Comment /
Corrections: _____