

LABORATORY BIOSAFETY AUDIT/INSPECTION CHECKLIST

BUILDING/ROOM:

PI/LAB SUPERVISOR:

DATE:

BSL2 LAB REQUIREMENTS	COMPLIANT	NOT COMPLIANT	CLARIFICATION/COMMENTS
1. ENTRY SIGNS			<input type="checkbox"/> BIOHAZARD SYMBOL <input type="checkbox"/> BIOSAFETY LEVEL <input type="checkbox"/> CONTACT NAME/#
2. ACCESS LIMITED OR RESTRICTED			<input type="checkbox"/> POSTED ENTRY SIGN <input type="checkbox"/> ENTRY LOG <input type="checkbox"/> IMMUNOCOMPROMISED
3. ADVISED OF HAZARD UPON ENTRANCE			<input type="checkbox"/> DOCUMENTATION
4. DEDICATED/AVAILABLE HAND WASHING FACILITY			
5. NO EATING, DRINKING, SMOKING AND APPLYING COSMETICS			
6. NO MOUTH PIPETTING			
7. SHARPS PRECAUTIONS			
8. SPILL PROOF CONTAINERS FOR INFECTIOUS MATERIALS			
9. MINIMIZE CREATION OF AEROSOL SPLASHES			<input type="checkbox"/> PPE <input type="checkbox"/> CENTRIFUGE <input type="checkbox"/> SONICATOR <input type="checkbox"/> WATERBATH <input type="checkbox"/> SHAKER
10. HAZARD WARNING SIGNS			<input type="checkbox"/> CURRENT & UP TO DATE <input type="checkbox"/> FREEZERS/FRIG STORAGE
11. BIOHAZARDOUS WASTE AUTOCLAVED			<input type="checkbox"/> USE LOG <input type="checkbox"/> BIOLOGICAL INDICATOR TEST RESULTS
12. NO ANIMALS ALLOWED			
13. INSECT & RODENT CONTROL PROGRAM			<input type="checkbox"/> SCREENS (WINDOWS CANNOT BE OPENED)
14. NO RUGS/CARPET ALLOWED			
LABORATORY FACILITIES (SECONDARY BARRIERS)			
1. DEDICATED HANDWASHING SINK			<input type="checkbox"/> LABELED
2. WATER & CHEMICAL RESISTANT BENCH TOPS			<input type="checkbox"/> COUNTER MADE OF STURDY NON ABSORBANT MATERIAL
3. EASILY CLEANED			
4. STURDY FURNITURE/CLEAN			

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5. DECONTAMINATION OF WASTES			<input type="checkbox"/> AUTOCLAVE <input type="checkbox"/> CERTIFIED <input type="checkbox"/> LOCATION:
6. EYE WASH STATION			<input type="checkbox"/> HARDPLUMBED <input type="checkbox"/> FLUSH LOG
7. FIRST AID KIT READILY ACCESSIBLE			<input type="checkbox"/> ADEQUATELY STOCKED
8. FIRE EXTINGUISHER(S) READILY ACCESSIBLE			<input type="checkbox"/> INSPECTED <input type="checkbox"/> DATE:
9. OPEN WINDOWS FITTED WITH SCREENS			
10. GNERAL HOUSEKEEPING			
SPECIAL PRACTICES			
1. ESTABLISHED ENTRY & EXIT POLICIES & PROCEDURES			<input type="checkbox"/> HAZARD NOTIFICATION <input type="checkbox"/> NON-LABORATORY PERSONNEL <input type="checkbox"/> WOMEN OF CHILDBEARING AGE
2. PERSONNEL READ/UNDERSTAND BIOSAFETY MANUAL/SOPS			<input type="checkbox"/> DOCUMENTATION <input type="checkbox"/> HAZARDS <input type="checkbox"/> IMMUNOCOMPROMISED <input type="checkbox"/> SOP'S
3. ANNUAL TRAINING			<input type="checkbox"/> APPROPRIATE <input type="checkbox"/> DOCUMENTATION <input type="checkbox"/> SOP'S
4. LABORATORY STAFF REPORT EXPOSURES/POTENTIAL			
5. ILLNESS & ACCIDENT RECORDS MAINTAINED			<input type="checkbox"/> RECORDS OF ILLNESS AND ABSENCE KEPT BY LABORATORY MANAGEMENT
SAFETY EQUIPMENT			
1. BIOSAFETY CABINET			<input type="checkbox"/> CERTIFIED
2. FACE PROTECTION			<input type="checkbox"/> GLASSES <input type="checkbox"/> GOGGLES <input type="checkbox"/> FACE SHIELD
3. LABORATORY COATS OR UNIFORMS			
4. GLOVES			
PROCUREMENT, IMPORT, SHIPPING, TRANSPORTING BSL MATERIALS			
1. CONDITIONS OF IMPORT & USE			<input type="checkbox"/> DOCUMENTATION ON FILE <input type="checkbox"/> SOP ADDRESSED IN MANUAL
2. SHIPPING/RECEIVING REQUIREMENT			<input type="checkbox"/> SOP
ON FILE			
1. BIOSAFETY MANUAL	<input type="checkbox"/> SOP'S <input type="checkbox"/> MATERIAL MANAGEMENT PROCESS <input type="checkbox"/> BIOLOGICAL MSDS <input type="checkbox"/> SOP SPILLAGE MATERIALS		
2. PROCEDURAL/SAFETY MANUAL			<input type="checkbox"/> AVAILABLE/ACCESSIBLE <input type="checkbox"/> EXPOSURE CONTROL PLAN
3. INFECTIOUS MATERIAL INVENTORY			<input type="checkbox"/> CURRENT <input type="checkbox"/> COPY SUBMITTED TO EHS <input type="checkbox"/> MATERIAL ACCOUNTABILITY

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4. WASTE MANAGEMENT PLAN			<input type="checkbox"/> AUTOCLAVE USE LOG <input type="checkbox"/> BIOLOGICAL INDICATOR TEST RESULTS LOG <input type="checkbox"/> SOP POSTED
5. REFERENCE MATERIALS			<input type="checkbox"/> WHO 3D EDITION <input type="checkbox"/> CDC-NIK BMBL
6. DIAGRAM OF LABORATORY			

INSPECTION PERFORMED BY: _____ **TITLE:** _____

DATE: _____

NOTES/COMMENTS: