

BIOSAFETY LABORATORY INSPECTION CHECKLIST

DATE: _____

BLDG/ROOM: _____

Initial

PI/LAB SUP: _____

Personnel: _____

Annual/quart

(rev 12/02)

| BSL-2 Conditions | YES | NO | NA | COMMENTS |
|--|-----|----|----|--|
| 1. Access is limited or restricted | | | | [] Posted Entry sign [] Current |
| 2. Dedicated/Available hand washing facility | | | | |
| 3. No eating, drinking, smoking and applying cosmetics | | | | [] No food, frig properly labeled [] Microwave [] Emergency |
| 4. No mouth pipetting | | | | |
| 5. Minimize creation of aerosols and splashes | | | | [] PPE [] centrifuge [] sonicator [] waterbath [] shaker |
| 6. Biohazardous wastes autoclaved | | | | [] log [] Biological Indicators [] Chemical Indicators |
| 7. Insect and rodent control program | | | | [] Screens |
| SPECIAL PRACTICES | | | | |
| 1. Access is limited or restricted, immunocompromised | | | | |
| 2. Established entry policies and procedures | | | | [] Immunocompromised, etc. |
| 3. Advise of potential hazards | | | | |
| 4. Hazard warning sign | | | | [] Current and Up-to-Date |
| 5. Appropriate immunizations or tests | | | | [] Hepatitis B, [] Other: |
| 6. Baseline serum samples if appropriate | | | | |
| 7. Biosafety manual | | | | [] Biological MSDS [] SOP's |
| 8. Appropriate and Annual training | | | | [] Annual Training |
| 9. Sharps precautions | | | | |
| 10. Leakage prevention | | | | |
| 11. Appropriate disinfectant | | | | [] Chemical MSDS [] Flinn Catalog |
| 12. Spill and accident exposure control plan | | | | [] Exposure Control Plan [] verified |
| 13. No animals allowed | | | | |

Notes:

Page 2 – Biosafety Laboratory Inspection Checklist

| BSL 2 - Conditions | YES | NO | NA | COMMENTS |
|---|------------|-----------|-----------|--|
| SAFETY EQUIPMENT | | | | |
| 1. Certified Biosafety Cabinet | | | | <input type="checkbox"/> Certified BSC or LFCB <input type="checkbox"/> Contingency plan |
| 2. Face protections | | | | <input type="checkbox"/> Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face shield |
| 3. Laboratory coats or uniforms | | | | |
| 4. Covered Shoes policy | | | | |
| 5. Gloves | | | | |
| LABORATORY FACILITIES (Secondary Barriers) | | | | |
| 1. Dedicated handwashing sink | | | | <input type="checkbox"/> Labeled |
| 2. Easily cleaned | | | | <input type="checkbox"/> No carpet |
| 3. Water and Chemical resistant bench tops | | | | <input type="checkbox"/> Counter made of sturdy and nonabsorbent material |
| 4. Sturdy furniture and ease of cleaning | | | | <input type="checkbox"/> Scotch-Guard |
| 5. Open windows fitted with screens | | | | |
| 6. Decontamination of wastes | | | | <input type="checkbox"/> Autoclave, where: |
| 7. Eyewash station | | | | <input type="checkbox"/> Hard plumbed <input type="checkbox"/> Flush log |
| 8. First aid kit readily accessible | | | | <input type="checkbox"/> Adequately stocked <input type="checkbox"/> goggles/gloves |
| 9. Fire Extinguisher(s) readily accessible | | | | <input type="checkbox"/> Tested/checked |
| 10. General Housekeeping | | | | |

Notes:

Page 3 – Biosafety Laboratory Inspection Checklist

| BSL 2 - Conditions | YES | NO | NA | COMMENTS |
|---|------------|-----------|-----------|---|
| State DOA-DOH | | | | |
| 1. Safeguard | | | | <input type="checkbox"/> Lock and key |
| 2. Inventory | | | | <input type="checkbox"/> Current |
| 3. Type of Study | | | | <input type="checkbox"/> Instructional <input type="checkbox"/> Research <input type="checkbox"/> Animal <input type="checkbox"/> Plants <input type="checkbox"/> r-DNA |
| 4. Reference Materials | | | | <input type="checkbox"/> CDC-NIH BMBL <input type="checkbox"/> NIH r-DNA |
| 5. Safety Manual | | | | |
| 6. Contingency Plan | | | | <input type="checkbox"/> Wastes <input type="checkbox"/> Autoclave <input type="checkbox"/> Biosafety/laminar Flow |
| 7. Procurement, Import, Shipping, Transport, Movement | | | | |
| 8. Annual Training | | | | |
| 9. Hazard Communication | | | | <input type="checkbox"/> NFPA <input type="checkbox"/> Biohazard/BSL <input type="checkbox"/> Radiation |
| 10. Conditions of Import and Use | | | | |
| 11. Shipping Requirements | | | | Permit #, Label, and other requirements |
| 12. Inspection Requirements for shipping | | | | |

Notes:

| ON FILE | YES | NO | NA | COMMENTS |
|-------------------------------------|------------|-----------|-----------|---|
| 1. Diagram of Laboratory | | | | |
| 2. Procedural/Safety Manual | | | | |
| 3. Exposure Control Plan | | | | |
| 4. Waste Management Plan | | | | <input type="checkbox"/> Log of Autoclave |
| 5. Contingency Plan | | | | |
| 6. Signature sign-off on conditions | | | | |

Notes: