Laboratory Self-Inspection Checklist

Principal Investigator: ______________________ Building: ____________ Room(s): ____________ Date: ____________

A. Administrative
   ___ Lab Safety Plan available & accurate
   ___ MSDS readily available and accessible in the workplace
   ___ Training – all lab members trained annually on content and location of CHP/LSP/MSDS, hazard communication program, and emergency procedures
   ___ Other applicable training – BBP(annual), Radiation, Lab specific protocols
   ___ Postings/Signs – Hazard warnings, emergency contact #'s
     a. BSL- 1 or 2: Universal Biohazard Symbol, “BSL-__” at all entryways
     b. Radiation: Universal Radiation Symbol, “Caution Radioactive Materials” at all entryways
     c. Radiation: NCDENR Notice to Employees posted in a conspicuous location

B. Laboratory Safety & Protective Procedures
   ___ Security- Limit access to areas with hazardous materials or equipment
   ___ Personal Protective Equipment
     a. Safety Glasses must be worn when a splash hazard exists
     b. Appropriate gloves must be worn when there is potential for skin contact with chemicals
     c. No open toed/perforated shoes or short pants in the lab
     d. Lab coats are recommended and must be laundered regularly
   ___ No food items in the lab area
   ___ Fume Hood operational & uncluttered
   ___ HEPA filter and collection flask with disinfectant on vacuum lines used with BSL-2 materials
   ___ Collection flask/trap on vacuum lines used with radioactive materials
   ___ Compressed gas cylinders labeled and secured, caps in place when not in use
   ___ Hazardous chemicals: All containers labeled with contents and hazards warnings
     (Secondary or portable containers used solely by the individual who transferred the material and within the work shift are not required to be labeled.)
     a. Segregate by hazard class
        a. Stored below eye level (large bottles <2’ from floor)
     b. Secondary containment for all highly toxic or open chemical containers
     c. Peroxide forming chemicals – label with dates purchased & opened, discard after 6 & 12 months
   ___ Eyewash & emergency showers unobstructed and tested regularly
   ___ Fire Extinguisher – appropriate class, mounted within 50ft, unobstructed, inspected annually

C. Chemical Waste
   ___ Labeled with “hazardous waste”, contents (%), PI & Phone#
   ___ Lids secured at all times
   ___ Segregated by hazard class
   ___ Stored in secondary containment
   ___ Stored at or near point of generation
   ___ Total Volume <55 gallons
D. Biological
   ___ Waste containers - hard walled, lid, leak proof, labeled with biohazard symbol
   ___ Hand washing sink available in rooms where biohazards are present
   ___ Disinfecting agent (dated)/Spill Kit present
   ___ Benchtops and chairs finished with nonporous surfaces
   ___ All BSL-2 waste is autoclaved
   ___ Validate autoclave with biological indicator monthly
   ___ BSL-2 rooms have self-closing doors

E. Radiation
   ___ Authorization - Available, lists all rooms and procedures
   ___ Inventory – monthly and daily use logs available and current for all RAM in lab
   ___ Surveys – documented weekly with use of RAM, daily if use of >1mCi
   ___ Waste containers - Labeled, lid in place, waste form accurate and attached

F. Other
   ___ Sharps – Puncture resistant container, hazard labels, appropriate disposal
   ___ Electrical - GFCI within 36” of water source, extension cords for temporary use only, no frayed cords
   ___ Electrical panels are unobstructed with 36” x 36” of clear space in front of panel
   ___ Sprinkler – all storage is at least 18” below sprinkler heads