



The Office of Research Compliance

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Safety Laboratory Survey <input type="checkbox"/> BL-1 <input type="checkbox"/> BL-2 <input type="checkbox"/> BL2+	
Inspector Information	
This form is completed to document the inspection of the research facility listed herein.	
Inspector: _____ Date of Inspection: _____	
Administrative	
Type of Research: <input type="checkbox"/> Recombinant DNA <input type="checkbox"/> Infectious Agents <input type="checkbox"/> Animal Studies	<input type="checkbox"/> Fermenter to grow microbes Volume: _____ <input type="checkbox"/> Select Agent Toxin <input type="checkbox"/> Bloodborne Pathogen <input type="checkbox"/> Chemical Materials
IBC Registration #s: IACUC Protocol #s:	Agents / Materials:
P.I.:	Department:
Phone #:	Building(s):
E-mail:	Room(s) #
Lab Contact:	E-mail:
Lab Phone #:	Fax #:

	Training and Record Keeping	Comments
	1. Have all lab personnel received applicable training in:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Biological Safety	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Chemical Safety / Hazard Specific	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Hazardous Waste	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Laboratory Safety / Emergency evacuation	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Bloodborne Pathogens	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Shipping of Hazardous Materials	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2. Are all records, certificates, and documents regarding training up to date and stored in a central location?	



Manuals						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	1. Are copies of the Chemical Hygiene Plan available and complete?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	2. Is the chemical inventory complete and current?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	3. Are Material Safety Data Sheets available for hazardous chemicals in the lab?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	4. Are copies of the Laboratory Safety/Emergency manual available?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	5. Are lab personnel familiar with their location/contents?
Bloodborne Pathogens						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	1. Are human materials (blood, body fluid, tissue or cell lines) used?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	2. Are Standard Precautions (formerly Universal Precautions) implemented for all working with BBP materials?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	3. Has an Exposure Control Plan been implemented?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	4. Have all lab personnel potentially working w/ BBPs been enrolled in the Occupational Health Program?
Institutional Biosafety Committee Information						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	1. Are all ongoing rDNA research projects registered with the IBC?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	2. Is the project information correct?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	3. Are any new projects involving the use of biological agents planned?
Animal Biosafety						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	1. Are any animals housed within the lab? If so for how long?:
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	2. Are any of these animals infected with BL2 agents? ** If yes, please see Appendix A
Use of Toxins						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	1. Are Select Agent Toxins under exempt quantities used in the lab? **If yes, please see Appendix B
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	2. Are toxins and high hazard chemicals used in the lab?



<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	10. Are in-line hydrophobic filters used for aspiration flasks?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	11. Are potentially infectious materials centrifuged using safety containment cups or sealed rotors with O-rings?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	17. Are compressed gas cylinders secured at all times to a structural component of the building or cart by strap or chain?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	18. Are protective caps in place while gas cylinders not in use or not connected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	19. If aspiration flasks are located on the floor, are they in secondary containers?
Fume Hood			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	12. Is a fume hood available and inspected within the last 12 months?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	13. Is the fume hood used for storage?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	14. Is the fume hood free of clutter?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	15. Are fume hoods used for handling volatile hazardous chemicals and toxins?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	16. Fume hood is equipped with air flow indicators and is capable of drawing at least 100 Linear Feet /Min (or more if appropriate)?
Biological Safety Cabinets (BSC)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	1. Are BSCs located in the lab?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	2. Are the interior work areas and grills free from clutter?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	3. Are the interior work surfaces clean?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	4. Is the correct sash height indicated and used?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	5. Have they all been certified within the last year?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	6. Are disinfection procedures used before and after use?

BIOLOGICAL SAFETY CABINETS

Building/Room#	Make	Model	Serial	Certification Date



	Autoclaves
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	19. Are autoclaves used by the lab?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	20. Are autoclaves tested regularly using biological indicators to verify proper operation?
			Last Spore Test: _____ Frequency of testing: _____
Used to: <input type="checkbox"/> decontaminate waste <input type="checkbox"/> decontaminate media <input type="checkbox"/> Sterilize <input type="checkbox"/> Other: _____			
Length of cycle: _____ Temperature: _____ °C Pressure: _____ psi			
Building: _____ Room: _____			
Responsible Person: _____ Title: _____			

	General Safety Conditions / Practices
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	1. Are hands washed at the end of experiments, when gloves are removed, and prior to leaving the lab?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	2. Has the consumption and storage of food / drink / medication and the application of make-up / contact lenses within the lab been forbidden?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	3. Do personnel wear closed-toed shoes while working in the lab?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	4. Is the lab relatively free of clutter, mess, and obstacles?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	5. Are unobstructed aisles maintained at least 36" wide throughout?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	6. Is storage above eye level minimized, and are items restrained from falling?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	7. Are cloth chairs in the research areas of the lab?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	8. If windows open, are they fitted with screens?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	9. Are the fire doors to the lab kept closed when research is conducted?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	10. Are sharps handled and stored safely?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	11. Have insects and feral rodent sightings been reported?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	12. Are work surface covers discarded when dirtied/contaminated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	13. Is a FERMENTER used to grow bacteria?

Building/Room#	Make	Model	Serial	Volume Use (L)



Hazard Labeling						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	1. Is the biohazard symbol on all appropriate equipment and waste?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	2. Is the OSHA chemical label requirement in use?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	3. Are laboratory freezers / microwaves labeled "no food"?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	4. If an ice machine is present, is it labeled "Ice not for human consumption"?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	5. Are the lab door signs correct / current? Is the correct Emergency and Information Placard posted?
Chemical Storage						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	18. Are all chemical containers capped and sealed except when actively adding or removing materials (no open funnels left sticking out the top of containers)?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	20. Are containers segregated by hazard class? [Flammables away from oxidizers, acids separate from bases, incompatible acids separated (e.g. nitric not with sulfuric or acetic), etc.]
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	21. Are flammable liquids stored in OSHA/NFPA approved cabinets if there are more than 10 gal. w/o approved safety containers?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	22. Are corrosives stored in an appropriate cabinet?
Disinfection and Spill Management Procedures						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	1. Are all lab surfaces disinfected regularly? Type(s) of disinfectants: _____ ratio/percent: _____ _____ _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	2. Is reusable glassware used with biological materials decontaminated prior to washing?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	3. Are spill procedures prominently posted?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	4. Are personnel familiar w/spill & decontamination procedures and the location of the spill kits??
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	5. Are biological spill kits readily available / stocked?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	6. Are chemical spill kits readily available / stocked?



Chemical Hazardous Waste						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	1. Is waste properly labeled, accumulated for removal by the contractor, segregated and inspected weekly?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Are waste labels filled out appropriately with name of chemical, percentages and hazard class?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	2. Are waste containers in good condition, clean and compatible with the chemical?
Biohazard Waste Handling and Disposal						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	1. Is waste properly segregated? i.e. Sharps to sharps container; biological waste to burn box
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	2. Are all bio-waste containers durable, leak-proof, labeled with a biohazard symbol, and lined with 2 red biohazard bags?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	3. Are biological waste containers (including bench-top containers) closed when not in use?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	4. Are biological waste containers disposed of when they are ¾ full?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	5. Are sharps disposed of into leak-proof and puncture resistant containers that do not allow for the removal of deposited sharps?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	6. Are sharp containers closed when not in use?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	7. Are sharps containers disposed of into the biological waste box when ¾ full?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	8. Is solid BL2 bio-waste decontaminated prior to final disposal into biological burn boxes?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	9. Is liquid bio-waste chemically decontaminated or autoclaved prior to final disposal?

Additional Comments:

The findings and observations during the visit were discussed with the Principal Investigator or laboratory contact.

Signature of the PI or Laboratory Contact

Date

Name of Signatory, please print in block letters.



ROOM TYPES

Room #	Type	Comments
<hr/> <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL2+ <input type="checkbox"/> Individual <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room	<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Lab <input type="checkbox"/> Other : <hr/> <hr/> <hr/> <hr/> <hr/>
<hr/> <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL2+ <input type="checkbox"/> Individual <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room	<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Lab <input type="checkbox"/> Other : <hr/> <hr/> <hr/> <hr/> <hr/>
<hr/> <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL2+ <input type="checkbox"/> Individual <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room	<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Lab <input type="checkbox"/> Other : <hr/> <hr/> <hr/> <hr/> <hr/>
<hr/> <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL2+ <input type="checkbox"/> Individual <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room	<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Lab <input type="checkbox"/> Other : <hr/> <hr/> <hr/> <hr/> <hr/>
<hr/> <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL2+ <input type="checkbox"/> Individual <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room	<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Lab <input type="checkbox"/> Other : <hr/> <hr/> <hr/> <hr/> <hr/>
<hr/> <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL2+ <input type="checkbox"/> Individual <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room	<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Lab <input type="checkbox"/> Other : <hr/> <hr/> <hr/> <hr/> <hr/>
<hr/> <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL2+ <input type="checkbox"/> Individual <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room	<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Lab <input type="checkbox"/> Other : <hr/> <hr/> <hr/> <hr/> <hr/>