Appendix E1: Biosafety Laboratory BSL-1 and BSL-2 Inspection Checklist

EHS Biosafety Inspection Check list (7/10)

A. Laboratory Identification

1. PI's name _______, Department _______
   Lab Manager _______ Highest Protocol Biosafety Level _______
   Phone _______ Email _______
   Building _______ Room # _______ BSL _______ Description _______
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   Building _______ Room # _______ BSL _______ Description _______

2. Protocol(s) source: □ IBC □ ACUC □ IRB □ Other: __________

3. IBC approval number(s) _______ ACUC Number(s) _______ IRB Number(s) _______
   List risk(s): Biohazardous materials: □ prion □ genomic sequence □ viroid □ virus
   □ rickettsiae/chlamydia □ bacteria □ parasite □ plant(s) □ rDNA
   Pathogens: □ animals □ human □ human/primate blood □ human fluids, cells and tissues
   □ (OPIM) other potential infectious material: specify: __________

4. Emergency Procedures poster: □ Yes □ No

5. Emergency Notification signage: □ Yes □ No □ N/A

B. Facility/Equipment

1. Airflow from lower-hazard to higher-hazard areas □ Yes □ No □ N/A

2. Designated clean area □ Yes □ No □ N/A

3. Any hazardous material in designated clean area □ Yes □ No □ N/A

4. Neat work areas □ Yes □ No □ N/A

5. Biosafety cabinet in use □ Yes □ No □ N/A
   Make Model, size, and serial #__________

6. Negative-pressure thimble connection/biosafety cabinet □ Yes □ No □ N/A

7. Biosafety cabinet certification required □ Yes □ No □ N/A

8. Date of last certification _______

9. Decontamination of biosafety cabinet BEFORE use □ Yes □ No □ N/A

10. Decontamination of biosafety cabinet AFTER use □ Yes □ No □ N/A

11. Clutter on grate in biosafety cabinet □ Yes □ No □ N/A

12. Neat uncluttered work area in biosafety cabinet □ Yes □ No □ N/A

13. HEPA filter on vacuum line □ Yes □ No □ N/A

14. Is the suction flask more than ½ full? □ Yes □ No □ N/A

15. Autoclave in use? □ Yes □ No □ N/A
   Make __________, Model, ________, Room ________
Frequency of autoclave calibration _______ Log available for each run _______

16. Centrifuge available:  
   □ Yes  □ No  □ N/A  
   Make, _________  Model, _________  condition of centrifuge bucket,_______,  
   condition of centrifuge rotors (cracks), ________, condition of centrifuge interior (residue),_______.
   Usage log available: __________

17. Spill-kit availability  
   □ Yes  □ No  □ N/A

18. Windows meet NIH & BMBL guidelines  
   □ Yes  □ No  □ N/A

19. Sink for handwashing  
   □ Yes  □ No  □ N/A

20. Cleanable surfaces—no carpets  
   □ Yes  □ No  □ N/A

21. BL-2 eyewash and cleanable chairs  
   □ Yes  □ No  □ N/A

22. BL-2 self closing doors/BL-1 lockable doors  
   □ Yes  □ No  □ N/A

Comments: __________

C. Work Practices

1. All aerosol-generating procedures- steps taken to control them  
   □ Yes  □ No  □ N/A

2. Effective use of biosafety cabinets  
   □ Yes  □ No  □ N/A
   Disinfectant used_______, contact time_______ (minutes), frequency _______

3. Are lab coats worn and clean  
   □ Yes  □ No  □ N/A

4. Are safety glasses and PPE available\ worn as recommended  
   □ Yes  □ No  □ N/A

5. Any evidence of eating\drinking in the lab areas  
   □ Yes  □ No  □ N/A

D. Hazard Communication

1. Biosafety placard\information posted at entrance to the lab  
   □ Yes  □ No  □ N/A

2. Is the Exposure Control Plan completed (if required)  
   □ Yes  □ No  □ N/A

3. Blood borne Pathogen program current- records complete  
   □ Yes  □ No  □ N/A

4. Training, medical monitoring (if recommended by PI), associated risks provided to All individuals with access to pathogens  
   □ Yes  □ No  □ N/A

5. Appropriate biosafety cabinet signage (Biohazard placard for BSCs in which biohazards are used and a "Product Protection Only" sign for those BSCs in which no biohazards are used.)  
   □ Yes  □ No  □ N/A

6. Training records current with dates of last training  
   □ Yes  □ No  □ N/A

7. Autoclave records (repairs, cycle printouts, spore checks)  
   □ Yes  □ No  □ N/A
   Last spore-check date _______.

E. Biohazard Waste Handling

1. Labeled rigid containers with lids (boxes or tubs)  
   □ Yes  □ No  □ N/A

2. Red bags & approved containers used for Biohazardous wastes  
   □ Yes  □ No  □ N/A

3. Appropriate transporting of waste in room(s)\building(s)  
   □ Yes  □ No  □ N/A

4. Only biohazard waste in red bags\ no liquids  
   □ Yes  □ No  □ N/A

5. Appropriate labels and information on containers  
   □ Yes  □ No  □ N/A
6. Sharps containers used and properly labeled
   □ Yes □ No □ N/A

F. Interview

1. Biosafety knowledge
   □ Yes □ No □ N/A
2. Hazards of materials in their work place
   □ Yes □ No □ N/A
3. Waste disposal practices
   □ Yes □ No □ N/A
4. Special precautions, practices or procedures
   □ Yes □ No □ N/A
5. Personal protective equipment
   □ Yes □ No □ N/A
6. Emergency response procedures
   □ Yes □ No □ N/A
7. Security of materials, storage & in use
   □ Yes □ No □ N/A

Comments: ________
Inspected by: ________ Date: ________