

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 _____

Building _____ Room # _____ BSL _____ Description _____

Building _____ Room # _____ BSL _____ Description _____

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: _____