

Laboratory Safety Audit

Principal Investigator: _____

Building: _____

Room #: _____

Auditor: _____

Date: _____

	Satisfactory	Needs Improvement	N/A
Lab Safety Plan			
1. Lab safety plan available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Plan reviewed/evaluated annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Current Lab Safety Guide available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Personnel page is up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hazard profile is up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Standard Operating Procedures available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Lab safety Plan is supplemented with BL2 information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Specific biotoxin training completed & documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Lab Safety Plan covers laser operation, alignment, & policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Annual BL2 training completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Annual laser training completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Training provided/documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Current exposure control plan available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Signed statements for Hep. B on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Safety Data Sheets available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. All lasers are registered with DRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs Improvement	N/A
Personal Protective Equipment (PPE)			
1. Appropriate gloves available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Eye/face protection available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appropriate lab coats available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PPE is being utilized appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Respirator users fit-tested annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lab coats decontaminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate laser eye protection available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Laser eye protection is in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Laser eye protection worn inside Nominal Hazard Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Laser eyewear inspection documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Adequate PPE available for Class 4 lasers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs Improvement	N/A
Laboratory Housekeeping			
1. No eating or drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. No clutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No un-cleaned spills or residues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Aisles and exits 28" wide and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. 18" clearance around sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Soap and paper towels readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Floors and work surfaces can be cleaned & decontaminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Work surfaces routinely disinfected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Effective pest management program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. No animals/plants not associated with work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs Improvement	N/A
Electrical			
1. Extension cord use is temporary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper grounding is used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cord and equipment in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No outlet overloading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Electrical panels accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Outlets near water GFCI protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Shock hazards have proper signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs Improvement	N/A
Engineering Controls			
1. Chemical fume hood intact & functioning properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chemical fume hood being used correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Biosafety cabinet present & in an adequate location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Biosafety cabinet certification up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Shut-off valve for gas line external to biosafety cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Proper engineering controls/ventilation is utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Machine guards in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs Improvement	N/A
Other Equipment			
1. Chairs easily decontaminated (BL1 & BL2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vacuum protected with traps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Vacuum exhaust vented properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Vacuum glassware coated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tubing in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Equipment properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. No mercury thermometers in ovens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sink for hand-washing present in lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs Improvement	N/A
Work Practices			
1. Needles are not tampered with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety cups or o-ringed tubes available & used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Autoclave available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Controlled access to labs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A "Toxins in Use- Authorized Personnel Only" sign is present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs Improvement	N/A
Emergency Equipment			
1. Fire Extinguishers:			
a. Correct type present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Checked monthly & documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adequate emergency equipment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Safety Showers in unobstructed and unaltered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Eyewashes:			
a. Unobstructed & properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Activated weekly & documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Chemical spill kit stocked with appropriate materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Tools to pick up broken glass are readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Spill kit is readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Calcium gluconate available for HF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs	N/A
Storage and Transport			
1. Per chemical compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Upright and safe storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appropriate containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Containers labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Containers closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Secondary containment used where necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Appliances identified for lab use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Condition/quality of chemical is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Inventory for Risk Group 2 biotoxins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Risk Group 2 samples stored in secure location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Risk group 2 materials segregated from other materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Risk Group 2 materials properly labeled and have BH symbol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs	N/A
Waste			
1. Container in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Containers labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Containers closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Waste streams segregated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Secondary containment used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. No waste accumulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Glass disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sharps disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Biohazard container lidded, leak proof & labeled with BH symbol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Present?	Y	N	Satisfactory	Needs	N/A
Compressed Gases						
1. Cylinders secured				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tubing poses no hazard				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Away from heat				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Flammable and Oxidizing gases separated.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Total number within limit				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Tubing & plumbing compatible with gas				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Away from exits				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Toxic Gases in enclosures				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Present?	Y	N	Satisfactory	Needs	N/A
Cryogenics						
1. Adequate room ventilation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Appropriate containers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Away from combustibles				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

				Satisfactory	Needs	N/A
Flammable Liquids	<i>Present?</i>	Y	N			
1. Amount within limit				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Away from ignition sources				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bonding & Grounding used for bulk vessels				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Certified refrigerators used				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

				Satisfactory	Needs	N/A
Peroxide Forming Chemicals	<i>Present?</i>	Y	N			
1. Peroxide formers dated				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tested regularly & documented				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

				Satisfactory	Needs	N/A
Pyrophoric Materials	<i>Present?</i>	Y	N			
1. Gas cylinders secured in enclosure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tubing & plumbing compatible				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Away from exits				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sprinkler system present				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Flame resistant lab coats available				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

				Satisfactory	Needs	N/A
Explosive Materials	<i>Present?</i>	Y	N			
1. Material that becomes explosive when dry is checked				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper documentation is provided for handling explosives.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Materials are stored according to standards.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

				Satisfactory	Needs Improvement	N/A
Lasers	<i>Present?</i>	Y	N			
1. Controls to minimize fire potential sufficient for laser use				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety interlocks perform as intended for lasers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Protective housing in place				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Laser mounted on optical bench or other stable platform				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Laser beam not at eye level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Laser beam control is adequate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Laser warning system available (visual or aural)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Entryway control is present (interlock or blocking barrier)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Emergency disconnect switch available for lasers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Area with lasers is appropriately posted				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. All lasers and protective barriers are labeled				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Satisfactory	Needs	N/A
Radioactive Materials	<i>Present?</i>			
	Y	N		
1. General Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Radioisotope records are current and complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Radioactive materials secured or attended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Radioactive material is used/stored in authorized location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Radioactive material is properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Radioactive material areas & equipment properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Radioactive waste is properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Proper shielding materials and handling devices utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Absorbent paper utilized and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Contamination surveys completed within 7 days of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Contamination surveys utilize correct technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Findings of elevated contamination addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Survey instrumentation available within last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Users of radioactive material have current training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Non-users have current awareness training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>