

Laboratory Safety Audit

PI: _____ Date: _____
 Rm/Building: _____
 Materials: _____ Auditor: _____

	Satisfactory	Need 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 and training are available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Training provided/documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Lab Safety Plan contains BL2 information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Specific biotoxin training completed and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Annual BL2 training completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Current exposure control plan available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Biomaterials registered with the IBC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Signed statements for Hep. B on file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Safety Data Sheets available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Lasers registered with DRS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lab Safety Plan covers laser operation, alignment, and policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Lab Safety plan covers work with radioactive materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Hazard Awareness/mitigation procedures in teaching labs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Lab Safety Plan covers manuals or procedures for x-ray use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 are routinely decontaminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Laser eye protection is adequate (wavelength, OD)	<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 is worn inside the Nominal Hazard Zone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Semi-annual laser eyewear inspection is documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Adequate PPE is available for class 4 lasers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Housekeeping			
1. No eating, drinking, or applying cosmetics in locations with hazardous materials.	<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 are readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Work practices cause floor or surface degradation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Work surfaces routinely disinfected with appropriate chemical and contact time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Biosafety Cabinet is routinely disinfected with appropriate chemical and contact time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Vacuum traps and overflows have chemical disinfectant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Effective pest management program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. No animals/plants not associated with work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Need Improvement	N/A
Electrical			
1. Extension cord use 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 or daisy-chaining.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Outlets near water GFCI protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Electrical panels accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Shock hazards have proper signage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Controls			
1. Chemical fume hood intact and 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 and 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. Biosafety cabinet is free of clutter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Proper engineering controls/ventilation is utilized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Mechanical hazards are guarded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 the lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Practices			
1. Needles not recapped or tampered with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety cups or o-ringed tubes available and 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 when occurring or not removed afterward.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appropriate attire and hair restraint used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Equipment			
Fire Extinguishers:			
1. Correct type present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Checked monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tagged within the last year by F&S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Showers:			
1. Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tested annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Functional and installed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unaltered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyewashes:			
1. Unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tested weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Functional and installed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unaltered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Kits and First Aid:			
1. Stocked appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Disinfectant available (Bio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Broom, dustpan, forceps, available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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5. Calcium gluconate available for HF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Emergency equipment present for type of hazardous work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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. Biohazardous materials stored in secure location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Biohazardous materials segregated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Biohazardous materials labeled, have BH symbol and BL-2 materials have an inventory mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Hazardous materials are not stored in public spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste			
1. Container condition good	<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. Glass disposal containers are used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sharps disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sharps disposal containers are used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Biohazard waste bag and containers labeled with BH symbol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Biohazard container lidded and leak proof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressed Gases Present? Y <input type="checkbox"/> N <input type="checkbox"/>			
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. Toxic Gases in enclosures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Tubing and regulator compatible with gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cylinders transported properly with valve cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryogenics Present? Y <input type="checkbox"/> N <input type="checkbox"/>			
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"/>
Flammable Liquids Present? Y <input type="checkbox"/> N <input type="checkbox"/>			
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. Flammable cabinet doors can close.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Certified refrigerators used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bonding and Grounding used for bulk vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peroxide Forming Chemicals Present? Y <input type="checkbox"/> N <input type="checkbox"/>			
1. Peroxide formers dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tested regularly and documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrophoric Materials Present? Y <input type="checkbox"/> N <input type="checkbox"/>			
1. Gas cylinders in enclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tubing compatible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sprinkler system present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Flame resistant lab coats available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Need Improvement	N/A
Explosive Materials <i>Present?</i> Y <input type="checkbox"/> N <input type="checkbox"/>			
1. Material that becomes explosive when dry is checked quarterly	<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"/>
Lasers <i>Present?</i> Y <input type="checkbox"/> N <input type="checkbox"/>			
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 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 adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Laser warning system available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Entryway control present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Emergency disconnect switch available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Area properly posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Lasers and barriers are labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radioactive Materials <i>Present?</i> Y <input type="checkbox"/> N <input type="checkbox"/>			
1. Inventory, use, and waste records current and complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Materials secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Materials stored in an authorized location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Materials properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas and equipment properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Waste stored, segregated, and labeled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Proper shielding and handling devices used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Absorbent paper is utilized properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Contamination surveys completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Contamination surveys use proper technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Contamination is addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Decontamination is documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray Units <i>Present?</i> Y <input type="checkbox"/> N <input type="checkbox"/>			
1. All x-ray users are authorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety devices are present and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Usage log or inspection checklist for safety components present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dosimeters are available and utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Not all radiation-producing equipment is registered with DRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>