

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 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 & 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, & 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"/> |
| | 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 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"/> |

| | Satisfactory | Needs Improvement | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Laboratory Housekeeping | | | |
| 1. No eating, drinking, or applying cosmetics | <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. Biosafety Cabinet is routinely disinfected | <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 | Needs 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"/> |

| | 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. 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"/> |

| | 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 not recapped or 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Tagged within the last year by F&S | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Safety Showers: | | | |
| a. Unobstructed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Tested annually | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Functional and installed properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Unaltered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Eyewashes: | | | |
| a. Unobstructed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Tested weekly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Functional and installed properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Unaltered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Spill Kits and First Aid: | | | |

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| a. Stocked appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Readily accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Disinfectant available (Bio) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Broom, dustpan, forceps available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Calcium gluconate available for HF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Emergency equipment present for type of hazardous work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Satisfactory | Needs Improvement | 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. 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 and have BH symbol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Hazardous materials not stored in public spaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Satisfactory | Needs Improvement | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 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 & 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"/> |

| | Satisfactory | Needs Improvement | N/A |
|-------------------------|--------------|-------------------|-----|
| Compressed Gases | | | |
| Present? | Y | N | |

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| 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"/> |

| | | | | Satisfactory | Needs Improvement | N/A |
|------------------------------|-----------------|---|---|--------------------------|--------------------------|--------------------------|
| Cryogenics | <i>Present?</i> | Y | N | | | |
| 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"/> |

| | | | | Satisfactory | Needs Improvement | 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. Certified refrigerators used | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Bonding & Grounding used for bulk vessels | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | Satisfactory | Needs Improvement | 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 Improvement | N/A |
|--|-----------------|---|---|--------------------------|--------------------------|--------------------------|
| Pyrophoric Materials | <i>Present?</i> | Y | N | | | |
| 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 | Needs Improvement | N/A |
|---|-----------------|---|---|--------------------------|--------------------------|--------------------------|
| Explosive Materials | <i>Present?</i> | Y | N | | | |
| 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"/> |

| | | | Satisfactory | Needs Improvement | N/A |
|---|--------------------------|----------|--------------|--------------------------|--------------------------|
| Lasers | <i>Present?</i> | <i>Y</i> | <i>N</i> | | |
| 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"/> |

| | | | Satisfactory | Needs Improvement | N/A |
|---|--------------------------|----------|--------------|--------------------------|--------------------------|
| Radioactive Materials | <i>Present?</i> | <i>Y</i> | <i>N</i> | | |
| 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 authorized location | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Material 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"/> |

| | | | Satisfactory | Needs Improvement | N/A |
|--|--------------------------|----------|--------------|--------------------------|--------------------------|
| X-ray Units | <i>Present?</i> | <i>Y</i> | <i>N</i> | | |
| 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"/> |

| | Satisfactory | Needs Improvement | N/A |
|---|--------------------------|--------------------------|--------------------------|
| COVID-19 Safety Measures | | | |
| 1. COVID-19 safety measures are present | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. COVID-19 safety measures are written | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Training is documented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Working alone policy is established | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cloth face covering not used instead of lab PPE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Cloth face covering is worn around others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Work surfaces are routinely disinfected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Areas arranged to allow for 6 ft distance between people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Room occupancy managed to allow physical distancing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Hand sanitizer available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |