

Laboratory Safety Audit

Principal Investigator: _____

Building: _____

Room #: _____

Auditor: _____

Date: _____

	Satisfactory	Needs Improvement	N/A
Lab Safety Plan			
1. Lab door lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Door sign present and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Lab safety plan available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plan reviewed/evaluated annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Standard Operating Procedures available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Safety Data Sheets available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Training provided/documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs Improvement	N/A
Personal Protective Equipment (PPE)			
1. Gloves appropriate	<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"/>

	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 easily decontaminated	<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	<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
Fume Hoods			
1. Inspected within last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Undamaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Used correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Satisfactory	Needs Improvement	N/A
Other Equipment			
1. Biosafety cabinet is present and in an adequate location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Biosafety cabinet certification up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shut-off valve for gas line external to biosafety cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Vacuum protected with traps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exhaust vented properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Vacuum glassware coated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Machine guards in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. No mercury thermometers in ovens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sink for hand-washing present in lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Chemically resistant work surfaces present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Chairs easily decontaminated (Bio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tubing in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Equipment properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Proper engineering controls/ventilation used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Needles are not bent, sheared, broken, recapped, etc.	<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"/>

	Satisfactory	Needs Improvement	N/A
Chemical Storage			
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. Refrigerators 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"/>

	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. Vented caps used when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Waste streams segregated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Secondary containment used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sharps and glass disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. No waste accumulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Biohazard waste bag & containers labeled with BH symbol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Biohazard container lidded and leak proof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Satisfactory	Needs Improvement	N/A
Compressed Gases				
	<i>Present?</i>	<i>Y</i>	<i>N</i>	
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 compatible with gas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Away from exits		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Satisfactory	Needs Improvement	N/A
Cryogenics				
	<i>Present?</i>	<i>Y</i>	<i>N</i>	
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 Improvement	N/A
Flammable Liquids				
	<i>Present?</i>	<i>Y</i>	<i>N</i>	
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. 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 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>	Y	N			
1. All lasers are registered with DRS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lab Safety Plan covers laser operation, alignment and policy				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Laser alignment procedure calls for minimum power/energy				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Personnel have completed annual laser training				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Area with lasers is appropriately posted				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. All lasers and protective barriers are labeled				<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 in good condition				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Laser eye protection suitable for specific wavelength(s)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Optical density of laser eye protection adequate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Laser eye protection worn inside the Nominal Hazard Zone				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Semi-annual laser eyewear inspection documented				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Adequate PPE is available for class 4 lasers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Controls to minimize fire potential sufficient for laser use				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Safety interlocks perform as intended for lasers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Laser mounted on optical bench or other stable platform				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Laser beam is not at eye level				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Laser beam control is adequate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Laser warning system available (visual or aural)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Entryway control is present (interlock or blocking barrier)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Emergency disconnect switch available for lasers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

				Satisfactory	Needs Improvement	N/A
BL2	<i>Present?</i>	<i>Y</i>	<i>N</i>			
1.	A Lab Safety Plan supplemented with biosafety level 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Signed declination or request for Hepatitis B vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Employees are offered Hepatitis B vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	A current exposure control plan is readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Specific toxin training has been completed and documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Dedicated lab coats are present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Lab coats are routinely decontaminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Exterior laboratory windows have screens/cannot be opened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Safety cups or oringed tubes are present for centrifuge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	An autoclave is available in the building for "redbag" waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Access to the laboratory is controlled by closing doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	An effective pest management program is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	No animals and plants not associated with work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	An inventory is in place for risk group 2 toxins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	A "Toxins in Use-Authorized Personnel Only" sign is present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Risk group 2 samples are stored in secure location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Risk Group 2 materials are segregated from other materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Risk Group 2 materials are labeled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>