

# Laboratory Safety Audit

Principal Investigator: \_\_\_\_\_

Building: \_\_\_\_\_

Room #: \_\_\_\_\_

Auditor: \_\_\_\_\_

Date: \_\_\_\_\_

	Satisfactory	Needs Improvement	N/A
<b>Lab Safety Plan</b>			
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

<b>Personal Protective Equipment (PPE)</b>			
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
<b>Laboratory Housekeeping</b>			
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
<b>Electrical</b>			
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
<b>Engineering Controls</b>			
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
<b>Other Equipment</b>			
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
<b>Work Practices</b>			
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
<b>Emergency Equipment</b>			
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
<b>Storage and Transport</b>			
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
<b>Waste</b>			
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
<b>Compressed Gases</b>			
	<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. <b>Flammable</b> and <b>Oxidizing</b> 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. <b>Toxic Gases</b> 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
<b>Cryogenics</b> <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
<b>Flammable Liquids</b> <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
<b>Peroxide Forming Chemicals</b> <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
<b>Pyrophoric Materials</b> <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
<b>Explosive Materials</b> <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
<b>Lasers</b> <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 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
<b>Radioactive Materials</b>	<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"/>	<input type="checkbox"/>
2. Materials secured	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Materials stored in authorized location	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Material properly labeled	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas and equipment properly labeled	<input type="checkbox"/>			<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"/>	<input type="checkbox"/>
7. Proper shielding and handling devices used	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Absorbent paper is utilized properly	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Contamination surveys completed	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Contamination surveys use proper technique	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Contamination is addressed	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Decontamination is documented	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

				Satisfactory	Needs Improvement	N/A
<b>X-ray Units</b>	<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"/>	<input type="checkbox"/>
2. Safety devices are present and functioning	<input type="checkbox"/>			<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"/>	<input type="checkbox"/>
4. Dosimeters are available and utilized	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>