

BIOSAFETY LABORATORY SELF-INSPECTION CHECKLIST

A. Laboratory Identification: _____

Date: _____

Laboratory Inspector's Name _____

Building _____

Room(s) # _____

A. Any changes in list of biohazard risk(s)? Yes (specify below) No

Biohazardous material:

Bacterial
Fungal
Parasitic
Viral
Viroids
Rickettsial
Prions
rDNA
Toxins (bio)
Chlamydiae

Pathogen:

Animals
Human
Human/primate blood
Human body fluids, cells & tissues
(OPIM) Other Potential Infectious Material: (specify) _____

Is Emergency Notification Sign current with call-list available?

Yes
No

B. Facility/Equipment

1. BioSafety cabinet operational and in good repair?	Yes	No	N/A
2. BioSafety cabinet certification current?	Yes	No	N/A
3. Designated clean area present?	Yes	No	N/A
4. Any biohazardous material in designated clean area?	Yes	No	N/A
5. General lab cluttered (dirty lab-ware, paper, storage, etc)?	Yes	No	N/A
6. Lab airflow from lower-hazard to higher-hazard areas?	Yes	No	N/A
7. Routinely decon BioSafety cabinet before & after use?	Yes	No	N/A
8. Cluttered grate in BioSafety cabinet?	Yes	No	N/A
9. Cluttered work area in BioSafety cabinet?	Yes	No	N/A
10. HEPA filter on vacuum line in good repair?	Yes	No	N/A
11. Is the suction flask too full?	Yes	No	N/A
12. Autoclave working with calibration and log maintained?	Yes	No	N/A
13. Centrifuge in good condition (buckets, rotors, residue)?	Yes	No	N/A
14. Laboratory BioSafety Spill-kit available and stocked?	Yes	No	N/A

C. Work Practices

1. Adequate control on aerosol-generating procedures?	Yes	No	N/A
2. Use of good work practices within BioSafety cabinets?	Yes	No	N/A
6. Correct disinfectant used, contact time, frequency?	Yes	No	N/A
7. Are Laboratory coats worn or not?	Yes	No	N/A
8. Are safety glasses worn when required?	Yes	No	N/A
9. Any evidence of eating in the lab areas?	Yes	No	N/A

D. Hazard Communication

1. BioSafety placard posted at entrance to the lab?	Yes	No	N/A
2. Is the Exposure Control Plan completed and current?	Yes	No	N/A
3. Medical surveillance and Hepatitis B vaccinations current?	Yes	No	N/A
4. Any changes or new needs for immunodeficient individuals?	Yes	No	N/A
5. Appropriate BioSafety cabinet and UV signage present?	Yes	No	N/A
6. Training records maintained and lab staff current?	Yes	No	N/A
7. Autoclave records and testing current?	Yes	No	N/A

E. Biohazardous Unwanted Material Handling

1. Labeled rigid containers with lids available?	Yes	No	N/A
3. Red bags and approved waste containers used?	Yes	No	N/A
3. Putrescible waste refrigerated or picked up in 24 hours?	Yes	No	N/A
4. Only biohazard waste in red bags?	Yes	No	N/A
5. Appropriate labels and information on containers?	Yes	No	N/A
6. Sharps containers used and properly labeled?	Yes	No	N/A
7. Use black bags to cover sterilized/treated red bags?	Yes	No	N/A
8. Any leakage or articles that will puncture red bags?	Yes	No	N/A

F. Additional Comments and Remedial Action

1. Comments

2. Remedial Actions:

Remedial Actions completed by: _____

Date: _____