# 0.

|  |  |
| --- | --- |
| 1. Who is the primary point of contact for your lab? |  |
| 1. Does your lab personnel occupy/work in any other rooms? |  |
| 1. Select the hazards present in the lab. |  |
| Acute toxins  Carcinogens (1, 2A, 2B)  Reproductive toxins (1A, 1B, 2)  Oxidizers  Pyrogens  Select toxins  Corrosives  Biological Materials (including infectious agents, recombinant materials, and toxins)  Creation of Transgenic Animals  Class III Lasers  Class IV Lasers  Radiation  Noise  Cryogens  Flammable gases  Others  N/A |  |
| 1. Do you work with live animals in this lab space? (If so, verify proper transportation and containment of animals, and disposal of carcasses. | Yes, No, N/A |
| 1. Is anesthesia used in this lab? | Yes, No, N/A |
| * 1. What type(s)?   Isoflurane  Sevoflurane  Enflurane |  |
| 1. Discussed the requirement to report injuries, odors, and other hazardous conditions. | Yes, No, NA |

# 1. Registrations

|  |  |
| --- | --- |
| 1. All biological materials present are registered.~ | Yes, No, N/A |
| 1. Personnel lists are accurate, and staff have e-signed registration documents. | Yes, No, N/A |
| * 1. Personnel are current on registration documents.~ | Yes, No, N/A |
| * 1. Personnel have e-signed the registration documents. | Yes, No, N/A |
| 1. Locations are accurate on registration documents.~ | Yes, No, N/A |
| 1. All annual reviews of registrations are complete. | Yes, No, N/A |

# 2. Safety Training

|  |  |
| --- | --- |
| 1. All lab staff have reviewed the Chemical Hygiene Plan. | Yes, No, N/A |
| 1. Lab Staff are up to date with all applicable specialized training (e.g., shipper, laser safety, other). | Yes, No, N/A |
| * 1. Lab staff are current on shipper training | Yes, No, N/A |
| * 1. Lab staff are current on laser safety training | Yes, No, N/A |
| * 1. Lab staff are current on other required specialized trainings. | Yes, No, N/A |
| 1. Lab staff are up to date with Lab Safety Training | Yes, No, N/A |
| 1. Lab staff are up to date with Blood Borne Pathogen Training (if applicable). | Yes, No, N/A |
| 1. Lab Biosafety Manual is available to staff and annual reviews are documented | Yes, No, N/A |
| * 1. Lab staff have access to the Biosafety Manual | Yes, No, N/A |
| * 1. Annual reviews of the Biosafety Manual are documented | Yes, No, N/A |
| 1. All lab staff have reviewed the Exposure Control Plan. | Yes, No, N/A |

# 3. Signage & Safety Equipment

|  |  |
| --- | --- |
| 1. All applicable signage is displayed in the lab and staff are familiar with their contents (e.g.,1-2-3, Chemical Safety Guide, Waste Disposal Guide). | Yes, No, N/A |
| * 1. Emergency 1-2-3 sign is present. | Yes, No, N/A |
| * 1. Staff are familiar with the 1-2-3 procedure. | Yes, No, N/A |
| * 1. Chemical Safety Guide is present in the lab. | Yes, No, N/A |
| * 1. Staff are familiar with the Chemical Safety Guide. | Yes, No, N/A |
| * 1. Waste Disposal Guide is displayed in the lab. | Yes, No, N/A |
| * 1. Staff know how to properly dispose of lab waste. | Yes, No, N/A |
| 1. Accurate hazard warning signage (i.e., UV, Laser, Radioactive, LAAPP, special equipment (cryogenic, etc.)) has been displayed on lab door, if applicable. | Yes, No, N/A |
| * 1. A UV light warning is displayed on the door. | Yes, No, N/A |
| * 1. Accurate laser signage is displayed on the door. | Yes, No, N/A |
| * 1. A radioactive sign is displayed on the door. | Yes, No, N/A |
| * 1. A Laboratory Animal Allergy Protection Program (LAAPP) sign is displayed on the door. | Yes, No, N/A |
| * 1. Special equipment signage is displayed on the door. | Yes, No, N/A |
| 1. Handwashing sink, soap, and paper towels are available, and sink is unobstructed. | Yes, No, N/A |
| * 1. Handwashing sink is available. | Yes, No, N/A |
| * 1. Handwashing sink is unobstructed. | Yes, No, N/A |
| * 1. Soap and paper towels are available. | Yes, No, N/A |
| 1. Eyewash is available, unobstructed, in good working order and documented as flushed weekly. | Yes, No, N/A |
| * 1. An eyewash is available. | Yes, No, N/A |
| * 1. The eyewash is unobstructed. | Yes, No, N/A |
| * 1. The eyewash is documented as flushed weekly (flush on the spot if not). | Yes, No, N/A |
| 1. Safety shower is available, unobstructed, and documented as flushed within the past 12 months. | Yes, No, N/A |
| * 1. A safety shower is available. | Yes, No, N/A |
| * 1. The safety shower is unobstructed. | Yes, No, N/A |
| * 1. The safety shower is documented as being flushed in the past 12 months. | Yes, No, N/A |
| 1. Lab equipment is properly labeled to indicate hazards. | Yes, No, N/A |
| 1. Lab microwave oven(s), refrigerators, freezers clearly labeled "No Food or Drink.” | Yes, No, N/A |
| * 1. Microwave oven(s) clearly labeled “No Food or Drink.” | Yes, No, N/A |
| * 1. Refrigerators clearly labeled “No Food or Drink.” | Yes, No, N/A |
| * 1. Freezers clearly labeled “No Food or Drink.” | Yes, No, N/A |
| 1. An accurate BSL sign is displayed on the door. | Yes, No, N/A |

# 4. Biological Safety Cabinet (BSC)

|  |  |
| --- | --- |
| 1. Biological Safety Cabinet (BSC) has been certified within the last year. | Yes, No, N/A |
| BSC date of last certification: \_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. BSC airflow is unobstructed. | Yes, No, N/A |
| * 1. Front grill is unobstructed. | Yes, No, N/A |
| * 1. Rear vents are unobstructed. | Yes, No, N/A |
| * 1. Exhaust filters are unobstructed. | Yes, No, N/A |
| * 1. Top of the BSC is not used for storage. | Yes, No, N/A |
| * 1. BSC interior is free of unnecessary stored items. | Yes, No, N/A |
| 1. There is no evidence of the use of open flames/flammable gases inside of the BSC. | Yes, No, N/A |
| * 1. Open flames are not used inside the BSC. | Yes, No, N/A |
| * 1. Flammable gases are not used inside the BSC. | Yes, No, N/A |
| 1. Sash is at the designated heights or lower | Yes, No, N/A |
| 1. Potentially infectious agents are manipulated within a BSC. | Yes, No, N/A |

# 5. Chemical Fume Hood (CFH) & Other Local Exhaust

|  |  |
| --- | --- |
| 1. Chemical Fume Hood has been certified within the last year. | Yes, No, N/A |
| Date of last certification: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 1. Air foil and rear baffle are unobstructed. | Yes, No, N/A |
| * 1. Air foil is unobstructed. | Yes, No, N/A |
| * 1. Rear baffle is unobstructed. | Yes, No, N/A |
| 1. CFH is free of unnecessary stored items. | Yes, No, N/A |
| 1. CFH airflow is unobstructed. | Yes, No, N/A |
| 1. Sash is at the designated height or lower. | Yes, No, N/A |
| 1. All other required local exhaust certification has been obtained (i.e., downdraft table, histology cabinet, elephant trunks, animal racks, autoclave vents, and slot hoods). | Yes, No, N/A |

# 6. Gas Cylinders

|  |  |
| --- | --- |
| 1. All cylinders are properly secured and labeled; caps are on all reserve cylinders, and there are no excess cylinders stored in the lab. | Yes, No, N/A |
| * 1. All gas cylinders are properly secured. | Yes, No, N/A |
| * 1. All gas cylinders are properly labeled. | Yes, No, N/A |
| * 1. Reserve cylinders are capped. | Yes, No, N/A |
| * 1. There are no excess cylinders stored in the lab. | Yes, No, N/A |

# 7. Fire Protection

|  |  |
| --- | --- |
| 1. Sprinkler heads are free of obstructions with an 18" clearance. | Yes, No, N/A |
| 1. Lab is free of open penetrations (walls, ceilings, floor, etc.) | Yes, No, N/A |
| 1. Doors to labs are kept closed to ensure fire protection and negative directional air flow from general occupancy, corridor, and office areas. | Yes, No, N/A |
| 1. Doors to hazardous storage (e.g., flammable, corrosive cabinets) are kept closed to ensure protection from fire. | Yes, No, N/A |
| 1. All exits, passage routes, and corridors within the lab are unobstructed (i.e., have the appropriate clearance for egress based on building requirements). | Yes, No, N/A |
| * 1. Exits are unobstructed. | Yes, No, N/A |
| * 1. Passage routes are unobstructed. | Yes, No, N/A |
| * 1. Corridors are unobstructed. | Yes, No, N/A |

# 8. Electrical

|  |  |
| --- | --- |
| 1. Equipment is free of frayed/damaged wiring. | Yes, No, N/A |
| 1. Outlets, electrical strips, and extension cords used in the lab aren’t overloaded or "daisy-chained." | Yes, No, N/A |
| * 1. Outlets used in the lab are not overloaded. | Yes, No, N/A |
| * 1. Electrical strips used in the lab are not overloaded. | Yes, No, N/A |
| * 1. Extension cords used in the lab are not overloaded. | Yes, No, N/A |
| * 1. Electrical strips/extension cords are not “daisy-chained.” | Yes, No, N/A |
| 1. There are no permanent extension cords. | Yes, No, N/A |
| 1. All electrical equipment (e.g., computers/power strips) is raised off the floor. | Yes, No, N/A |
| 1. Electrical outlets within 1 meter of water sources are protected by G.F.C.I. (Ground Fault Circuit Interrupter) | Yes, No, N/A |
| 1. There are no portable space heaters. | Yes, No, N/A |
| 1. Electrical panels and breakers are unobstructed (36-inch clearance). | Yes, No, N/A |
| * 1. Electrical panels are unobstructed. | Yes, No, N/A |
| * 1. Electrical breakers are unobstructed. | Yes, No, N/A |

# 9. Chemicals

|  |  |
| --- | --- |
| 1. Lab has written SOPs for any Particularly Hazardous Substances (PHS’s)/ hazardous chemicals (acute toxicity, select carcinogens, select reproductive toxins (1A, 1B, 2), corrosives, oxidizers, pyrogens, etc.) used by staff. | Yes, No, N/A |
| 1. Peroxide formers are dated upon receipt and opening; they are stored, tested and/or discarded in accordance with the NIH Chemical Hygiene Plan. | Yes, No, N/A |
| * 1. Peroxide formers are dated upon receipt. | Yes, No, N/A |
| * 1. Peroxide formers are dated upon opening. | Yes, No, N/A |
| * 1. Peroxide formers are stored in accordance with the NIH CHP. | Yes, No, N/A |
| * 1. Peroxide formers are tested in accordance with the NIH CHP. | Yes, No, N/A |
| * 1. Peroxide formers are discarded in accordance with the NIH CHP. | Yes, No, N/A |
| 1. All flammables are stored in a flammable storage cabinet. (Max 500mL) allowed for working stock out of flammable storage cabinet) | Yes, No, N/A |
| 1. Refrigerated flammables are stored only in hazard rated units. | Yes, No, N/A |
| 1. Chemicals have been properly segregated by hazard class and in accordance with the NIH Chemical Hygiene Plan. | Yes, No, N/A |
| * 1. Chemicals have been segregated by hazard class. | Yes, No, N/A |
| * 1. Chemicals have been segregated in accordance with the NIH CHP. | Yes, No, N/A |
| 1. No hazardous materials are stored above eye level. | Yes, No, N/A |
| 1. All chemical containers within lab are securely closed. | Yes, No, N/A |
| 1. All chemical containers are properly labeled with name of chemical, date, and associated hazards. | Yes, No, N/A |
| 1. Corrosives are stored in corrosion resistant and ventilated cabinet(s), in secondary containment, and never under sinks or with aqueous solutions. | Yes, No, N/A |
| * 1. Corrosives are stored in proper cabinet (e.g., corrosion resistant, ventilated). | Yes, No, N/A |
| * 1. Corrosives are stored in secondary containers. | Yes, No, N/A |
| * 1. Corrosives are not stored under the sink. | Yes, No, N/A |
| * 1. Corrosives are not stored with incompatible chemicals (e.g., aqueous solutions). | Yes, No, N/A |
| 1. There is evidence that staff are familiar with special handling requirements for ASP section K chemicals (if applicable). | Yes, No, N/A |

# 10. Waste Management

|  |  |
| --- | --- |
| 1. DEP and DRS are contacted to obtain waste management information before generating multi-hazardous waste. | Yes, No, N/A |
| 1. Lab waste is collected, stored, and disposed of in accordance with the NIH Waste Disposal Guide, Chemical Safety Guide and, if applicable, off-site waste disposal policies for satellite locations. | Yes, No, N/A |
| * 1. Lab waste is collected in accordance with NIH Waste Disposal Guide, Chemical Safety Guide and, if applicable, off-site waste disposal policies for satellite locations. | Yes, No, N/A |
| * 1. Lab waste is stored in accordance with NIH Waste Disposal Guide, Chemical Safety Guide and, if applicable, off-site waste disposal policies for satellite locations. | Yes, No, N/A |
| * 1. Lab waste disposed in accordance with NIH Waste Disposal Guide, Chemical Safety Guide and, if applicable, off-site waste disposal policies for satellite locations. | Yes, No, N/A |
| 1. All instruments or analyzers that are connected directly to the drain have been approved by DEP (or equivalent). | Yes, No, N/A |
| 1. Sharps containers are used for sharps only and disposed of when ¾ full as MPW or through Chemical Waste Services/DEP. | Yes, No, N/A |
| * 1. Sharps containers used for sharps only. | Yes, No, N/A |
| * 1. Sharps containers in use are less than ¾ full. | Yes, No, N/A |
| * 1. Sharps containers are disposed of as MPW or through Chemical Waste Services. | Yes, No, N/A |
| 1. There is no presence of uncapped or otherwise exposed sharps. | Yes, No, N/A |
| 1. Chemical waste is labeled (including start date). | Yes, No, N/A |
| 1. Chemical waste containers present have not been in use for more than 60 days | Yes, No, N/A |
| 1. Waste containers on the benchtop have secondary containment. | Yes, No, N/A |
| 1. Waste containers on the floor have secondary containment large enough to contain the liquid in the waste container if it leaked. | Yes, No, N/A |
| 1. Toner cartridges and pipette tip racks are separated and recycled in accordance with the NIH Waste Disposal guide. | Yes, No, N/A |
| 1. Lab staff is aware of the NIH Environmental Management System Website (NEMS). | Yes, No, N/A |
| 1. Biohazardous waste is chemically decontaminated or autoclaved and disposed as MPW, if indicated in the IBC-approved registration document.~ | Yes, No, N/A |
| 1. MPW boxes/containers are not filled past ¾ (40 lbs. max.). | Yes, No, N/A |
| 1. MPW boxes/containers are double bagged with supplied bags. | Yes, No, N/A |

# 11. General Practices & Procedures

|  |  |
| --- | --- |
| 1. There is evidence of the use of safer sharps devices (plastic razor blades, plastic pipettes, blade holders, blunt needles, etc.) | Yes, No, N/A |
| 1. Appropriate disinfectant is used for organism(s) and work surfaces. | Yes, No, N/A |
| 1. Absorbent pads are clean. | Yes, No, N/A |
| 1. Vacuum lines have in-line filters (HEPA or equivalent efficiency). | Yes, No, N/A |
| 1. There is no evidence of consumption of food and drinks in lab areas. | Yes, No, N/A |
| 1. Furniture items within the lab are non-porous and cleanable or have a non-porous covering (i.e., no cloth chairs, rugs, cloth bulletin boards). | Yes, No, N/A |
| 1. No slip, trip, or fall hazards in the lab (e.g., glass, water, cords on floor). | Yes, No, N/A |
| 1. Non-research related plants are not present in the lab. | Yes, No, N/A |
| 1. Non-research related animals are not present in the lab. | Yes, No, N/A |
| 1. No discrepancies identified in the biological inventory during spot checks. | Yes, No, N/A |
| 1. Unbreakable secondary containment with hazard labels is present for transport of biological materials outside of the lab. | Yes, No, N/A |

# 12. Personal Protective Equipment

|  |  |
| --- | --- |
| 1. Occupants are properly attired (e.g., no exposed skin, closed toed shoes). | Yes, No, N/A |
| 1. Lab staff have been trained on proper procedures for wearing PPE outside of the lab (i.e., one glove rule, proper route) | Yes, No, N/A |
| 1. Personal protective equipment is available (e.g., gloves, lab coats, goggles/face shield, For registered labs only: disposable solid front, liquid resistant gowns/aprons, etc.). | Yes, No, N/A |
| 1. All personal protective equipment required for work being performed in the lab is worn by staff (e.g., gloves, lab coats, goggles/face shield, For registered labs only: disposable solid front, liquid resistant gowns/aprons, etc.). | Yes, No, N/A |
| * 1. Gloves or double gloves (if dictated by registration documents) are worn by staff. | Yes, No, N/A |
| * 1. Lab coats/solid front gowns (if dictated by registration documents) are worn by staff. | Yes, No, N/A |
| * 1. Eye/face protection is worn by staff when required. | Yes, No, N/A |
| 1. Personnel required to use respiratory protection are enrolled in the Respiratory Protection Program. | Yes, No, N/A |

# 13. Cold Room

|  |  |
| --- | --- |
| 1. The cold room door has an emergency release. | Yes, No, N/A |
| 1. The cold room door has a proper seal. | Yes, No, N/A |
| 1. The cold room is free of paper products. | Yes, No, N/A |
| 1. The cold room is free of mold. | Yes, No, N/A |
| 1. A current Cold Room Information Sheet (POC sign) is posted on the door. | Yes, No, N/A |
| 1. The Preventing Mold Growth sign is posted on the door. | Yes, No, N/A |

# 14. Bite, Scratch, Splash, Exposure (BSSE) Kits – Old World NHPs

|  |  |
| --- | --- |
| 1. BSSE SOP for the handling of NHP unfixed tissues, blood, and/or body fluid related exposures is approved (by the IC Safety Committee and DOHS).~ | Yes, No, N/A |
| 1. Staff are aware of the BSSE kit (location and utility).~ | Yes, No, N/A |
| 1. Staff know how to get or who to contact for replacement valacyclovir upon expiration or use.~ | Yes, No, N/A |
| 1. The BSSE kit is accessible to all personnel working where NHP tissues, blood, and body fluids are used. | Yes, No, N/A |
| 1. Valacyclovir is stored between 55°-77°F. | Yes, No, N/A |
| 1. Valacyclovir is within expiration date. | Yes, No, N/A |
| 1. Signage is present in the room indicating the presence of the BSSE kit. | Yes, No, N/A |
| 1. BSSE kit components are not expired. | Yes, No, N/A |

# 15. Centrifuges

|  |  |
| --- | --- |
| 1. Containment devices (safety cups or sealed rotor) have properly fitted O-rings in place. | Yes, No, N/A |
| 1. Safety cups and rotors used with biohazardous materials are only opened within a BSC. | Yes, No, N/A |

# 16. Lasers

|  |  |
| --- | --- |
| 1. NOTICE laser-controlled area sign(s) posted during periods of service on fully enclosed equipment containing Class 3B or Class 4 services. | Yes, No, N/A |
| 1. DANGER or WARNING laser-controlled area sign posted in areas containing Class 3B or 4 lasers. | Yes, No, N/A |
| 1. Appropriate laser safety eyewear is present. | Yes, No, N/A |
| 1. Appropriate laser safety eyewear is being used by staff. | Yes, No, N/A |

# 17. Other

|  |  |
| --- | --- |
| 1. Cryogens are stored in approved posted areas. | Yes, No, N/A |
| 1. Cryogen PPE is available (e.g., face shield, cryogenic loose-fitting gloves, goggles, etc.). | Yes, No, N/A |
| 1. Cryogen PPE is being used by staff. | Yes, No, N/A |
| 1. Asphyxiants are only used and stored in ventilated rooms. | Yes, No, N/A |
| * 1. Asphyxiants are only used in ventilated rooms. | Yes, No, N/A |
| * 1. Asphyxiants are only stored in ventilated rooms. | Yes, No, N/A |
| 1. Hazardous gases are only used and stored in ventilated rooms. | Yes, No, N/A |
| * 1. Hazardous gases are only used in ventilated rooms. | Yes, No, N/A |
| * 1. Hazardous gases are only stored in ventilated rooms. | Yes, No, N/A |
| 1. PI (or lab representative) made themselves available to the safety representative during or after the survey. | Yes, No, N/A |
| 1. Survey reflects all observed safety findings. (If "no", state observed safety findings in text box). | Yes, No, N/A |