

Laboratory Occupational Safety & Health Survey - General BioSafety

Inspection Date _____	Bldg: _____	Rooms: _____	Number of Deficiencies = _____
Local Contact _____	Phone: _____	Email: _____	
Safety Contact _____	Phone: _____	Email: _____	
Researcher: _____	Phone: _____	Email: _____	

PPE/Protective Clothing

If working with hazardous chemicals, or biohazardous/potentially infectious materials, laboratory personnel are wearing the appropriate PPE, which at a minimum includes chemical compatible gloves, safety glasses, closed-toed shoes, and laboratory coats?

Inform staff of appropriate PPE usage. Latex gloves do not protect against all hazardous chemicals.

N/A	Yes	No	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If any respirator is worn in the lab, including N95 masks, the individuals wearing the respirators have been medically cleared and fit tested.

Lab members who need to be fit-tested should contact their Occupational Health Department or the EHS office. (29 CFR 1910.134)

N/A	Yes	No	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Eye, face, and respiratory protection is used in rooms containing infected animals.

(CDC/NIH BMBL, 5th Ed., 2007)

N/A	Yes	No	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Harvard Committee on Microbiological Safety (COMS)

A risk assessment was conducted for the work being conducted in your work area by the biosafety officer (BSO).

Contact your BSO to perform a risk assessment (CDC/NIH BMBL, 5th Ed., 2007)

N/A	Yes	No	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are all research projects registered with COMS?

(NIH Guidelines, April 2002.)

N/A	Yes	No	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is COMS registration information, including personnel, accurate?

If COMS registration information needs to be amended or updated, contact the biosafety officer. (NIH Guidelines, April 2002.)

N/A	Yes	No	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Training and Recordkeeping

N/A	Yes	No	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Training and Recordkeeping

<p>All staff who work with biohazardous/potentially infectious materials are trained for handling, decontamination, and spill management procedures.</p>	<p>Ensure staff are aware of the required actions necessary to safely handle biohazardous/potentially infectious materials, to decontaminate work areas, and to clean spills. (29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)</p>	<p>N/A</p>	<p>Yes</p>	<p>No</p>	<p>Comment</p>
<p>All staff have received additional training for handling specific biohazardous/potentially infectious materials.</p>	<p>(29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>_____</p>
<p>All staff who work with Bloodborne Pathogens (BBP) have received annual/refresher training.</p>	<p>BBP training is available for review during the annual laboratory EH&S training. (29 CFR 1910.1030)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>_____</p>

Bloodborne Pathogens (BBP)

<p>If using BBP or other potentially infectious materials an Exposure Control Plan is available.</p>	<p>The Exposure Control Plan is located on the HIM/NRB EH&S webpage. (29 CFR 1910.1030)</p>	<p>N/A</p>	<p>Yes</p>	<p>No</p>	<p>Comment</p>
<p>Laboratory personnel have been offered the hepatitis B vaccine.</p>	<p>If someone has refused to have the Hepatitis B vaccine, s(he) must sign an Occupational Exposure to Bloodborne Pathogens Form. (29 CFR 1910.1030)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>_____</p>

General Laboratory Conditions

<p>Biosafety levels posted on laboratory doors are correct.</p>	<p>Biosafety levels should correspond to those recommended by COMS. Contact the EH&S office (432-2762) for new signs. (29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)</p>	<p>N/A</p>	<p>Yes</p>	<p>No</p>	<p>Comment</p>
<p>Laboratory doors are kept closed.</p>	<p>Doors to areas that are designated BL2 or higher must be kept closed. (29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>_____</p>
<p>All equipment used for work with potentially infectious materials is labeled with the biohazard symbol.</p>	<p>Equipment may include refrigerators, freezers, incubators and centrifuges. Labels can be obtained from the EH&S office (432-2762). (29 CFR 1910.1030)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>_____</p>
<p>Laboratory personnel wash their hands after each glove removal and before leaving the laboratory.</p>	<p>Laboratory personnel should wash their hands and remove gloves prior to leaving laboratory. (29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>_____</p>

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General Laboratory Conditions

	N/A	Yes	No	Comment
All equipment used for work with biohazardous/potentially infectious materials is clean and in good working order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean equipment, i.e. plate counters, lyophilizers, and centrifuges, after each use. (29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)
A sink for handwashing is available in the tissue culture room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CDC/NIH BMBL 5th Ed., 2007)
Surfaces and furniture should be easily cleanable and made of non-porous materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replace non-compliant lab furniture. No carpet or rugs are allowed in BL2+ tissue culture rooms. (CDC/NIH BMBL, 5th Ed., 2007)
Eyewash station(s) are readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure that eyewash stations have correct signage, are clear of any obstructions, and are inspected periodically. (CDC/NIH BMBL, 5th Ed., 2007)
There is no indication of food, drink, tobacco products, cosmetics, handling of contact lenses, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(29 CFR 1910.141(g); 29 CFR 1910.1030; CDC/NIH BMBL, 5th Ed., 2007)
Animals and plants not associated with research are not permitted in laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CDC/NIH BMBL, 5th Ed., 2007)
Biosafety Cabinets (BSCs)				
Biosafety cabinets are certified annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact the EH&S office (432-2762) for information on how to get a biosafety cabinet certified. (29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)
Correct sash height is indicated and used, BSC is clean and work surface is uncluttered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To maintain proper airflow, always work with BSC at recommended sash height and ensure that air intakes are not blocked. (CDC/NIH BMBL 5th Ed., 2007)
BSC is disinfected both before and after use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer to the Biosafety Manual for disinfection procedures. UV light is not an acceptable disinfectant. (CDC/NIH BMBL 5th Ed., 2007)
Valve on vacuum lines is not in bypass position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve should not be in the bypass position (BMP)
In-line hydrophobic filters are used for all aspiration flasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Order hydrophobic filters to place in line with aspirating bottles. (29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)

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Biosafety Cabinets (BSCs)

<p>Aspiration flasks located on the floor are in secondary containers.</p> <p>No Bunsen burners are used inside BSCs.</p> <p>BSCs are installed so that fluctuations of room air supply and exhaust do not interfere with proper operation.</p> <p>All work with potentially infectious materials that could potentially generate aerosols is performed in a BSC.</p>	<p>If stored on floor, secondary containers must be large enough to contain spill. (BMP)</p> <p>Electric incinerators, disposable inoculating loops, etc. are recommended. (BMP)</p> <p>BSCs should not be located in areas where high traffic or opening/shutting doors could interfere with the airflow in the cabinet. (CDC/NIH BMBL 5th Ed., 2009)</p> <p>No work with open vessels containing potentially infectious materials should be performed on an open bench. (CDC/NIH BMBL 5th Ed., 2007)</p>	<p>N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comment _____</p>
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Disinfection and Spill Management Procedures

<p>Bleach solutions for aspiration flasks are prepared and disposed of weekly.</p> <p>Laboratory personnel know where the Biohazard Spill Kits and how to use them.</p>	<p>To ensure effective disinfection, prepare bleach solutions at a minimum on a weekly basis. (BMP)</p> <p>Biohazard spill kits should be clearly labeled, readily available and fully stocked. (29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)</p>	<p>N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comment _____</p>
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Sharps

<p>The use of safer medical devices has been evaluated.</p> <p>Safe practices for handling, storage, and disposal of sharps are in use.</p> <p>Leak-proof and puncture resistant sharps containers are accessible.</p> <p>Sharps containers are not filled more than 2/3 full.</p>	<p>If syringes/needles are used in the laboratory, safety needle products should be used if possible. (29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)</p> <p>Store needles/syringes in a secure location and dispose of sharps immediately after use. (29 CFR 1910.1030; CDC/NIH BMBL 5th Ed., 2007)</p> <p>Containers must be red, fluorescent orange or orange-red, leakproof, puncture-resistant, marked with the biohazard symbol, and as close to the point of use as possible. (105 CMR 480; 29 CFR 1910.1030; CDC/NIH BMBL, 5th Ed, 2007)</p> <p>Do not overfill sharps containers. (BMP)</p>	<p>N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comment _____</p>
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Biohazardous Waste Management

<p>N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Comment _____</p>

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Biohazardous Waste Management

	N/A	Yes	No	Comment
Procedures for disposal of biohazardous waste are established and implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All biohazardous waste containers are double-bagged with biohazard waste bags.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All biohazardous waste containers are closed or covered when not actively adding waste (e.g. overnight).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Autoclaves are tested quarterly to verify proper operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Autoclave validation records are maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Accident/Incident Investigation and Reporting

Staff know symptoms associated with agents used in the lab.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staff know response procedures for injuries/illnesses involving biohazardous materials/BBP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accident/illness investigation reports are maintained and submitted to the HIM/NRB EHS office and your institution's Occupational Health department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
There have been no incidents among laboratory staff within the past 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Shipment of Dangerous Goods

Copies of completed shipping documents are maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Shipment of Dangerous Goods

<p>Is contact number a 24-hour emergency number?</p>	<p>Ensure phone number on paperwork is a 24-hour number for person responsible for material being shipped. (49 CFR 172; IATA DGR)</p>	<p>N/A</p>	<p>Yes</p>	<p>No</p>	<p>Comment</p>
<p>Did a knowledgeable person sign paperwork, and was the person who prepared the paperwork trained?</p>	<p>Ensure person(s) preparing/signing paperwork is familiar with the hazards associated with the material and appropriately trained.(49 CFR 172; IATA DGR)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>_____</p>
<p>Is training updated every two years, or when the regulations change?</p>	<p>Call the EH&S Office (432-2762) for Training Information. (49 CFR 172; IATA DGR)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>_____</p>

Select Agents

<p>Are all select agents registered with COMS?</p>	<p>If the laboratory uses select agents, ensure someone from the laboratory has signed the Select Agent Form available on the COMS webpage. (42 CFR 73; 7 CFR 331/9CFR 121; CDC; APHIS Select Agent Regs)</p>	<p>N/A</p>	<p>Yes</p>	<p>No</p>	<p>Comment</p>
<p>There are no select agents being used/stored in the lab.</p>	<p>If the laboratory does not use select agents, the PI must sign the HIM/NRB EHS form indicating such.(42 CFR 73; 7 CFR 331/9CFR 121; CDC; APHIS Select Agent Regs)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>_____</p>

Other Deficiencies

<p>There are no additional deficiencies seen in this laboratory.</p>	<p>There are no additional deficiencies seen in this laboratory.</p>	<p>N/A</p>	<p>Yes</p>	<p>No</p>	<p>Comment</p>
<p>There are no additional deficiencies seen in this laboratory.</p>	<p>There are no additional deficiencies seen in this laboratory.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>_____</p>
<p>There are no additional deficiencies seen in this laboratory.</p>	<p>There are no additional deficiencies seen in this laboratory.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>_____</p>
<p>There are no additional deficiencies seen in this laboratory.</p>	<p>There are no additional deficiencies seen in this laboratory.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>_____</p>
<p>There are no additional deficiencies seen in this laboratory.</p>	<p>There are no additional deficiencies seen in this laboratory.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>_____</p>

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Other Comments

For questions please contact Harvard Institutes of Medicine/New Research Building (HIM/NRB) Environmental Health and Safety (EH&S) Office at 617-432-2762.

Laboratory Contact at Time of Survey	
Name:	Signature: