# **LABORATORY BIOSAFETY PHYSICAL SELF-INSPECTION FORM – for BSL2 work**

Laboratory Directors and Principal Investigators (PI) should use this form to document the performance of their inspection of the laboratory spaces, equipment, chemicals and biomaterials intended for use during a specific protocol. This Self-Inspection may require working with the Institutional Biosafety Committee (IBC), the Environmental Health and Safety (EHS) offices and Facilities Services. Laboratory Representatives may assist with inspections, but may not replace the PI on self-inspections.

**Process:** Please print the form pages beginning on page 2. Complete by hand, **PI and Inspector** sign and *then scan*.
Submit as a scanned file along with the IBC Protocol Forms that match your project.

When completing the form, if you mark "Yes", you are stating that the chemical, container, signs, documentation and PPE are present in the lab at the time of review. If you Mark "No" but have ordered an item or arranged for an inspection, write when the item will arrive or when the inspection or repair is scheduled for completion.

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| **Principal Investigators are responsible to order or arrange for the completion of or correction of items marked "No". The IBC does not make these arrangements. These items must be corrected or confirmed completed by the PI or their department staff within 2 weeks of the inspection date. Until these items are resolved, this protocol will not be approved for the start of work in this laboratory.** |

Environmental Health and Safety (EHS) resources:

* For waste container requirements (sharps containers, liquid waste containers and use of ISU waste contracts) –
Call (208) 282-2310
* For Biosafety Cabinets or fume hood inspections –
Call Nancy Fox at (208) 282-3669
* For questions regarding disposal of biomaterials or chemicals down lab sink drains –
Call Jennifer Parrott at (208) 282-3498

Facilities Services resources:

Prepare a Facilities e-Works request form found at <https://www.isu.edu/facilities/service-requests-and-forms/submit-a-request-e-works/> for

* Emergency shower and eye wash station inspections and maintenance;
* Fume Hood maintenance;
* Room ventilation changes, upgrades or issues

PRINCIPAL INVESTIGATOR: Click to enter text. INSPECTOR: Click to enter text. DATE PERFORMED: enter date

DEPARTMENT: Click to enter text. BUILDING & ROOM: Click to enter text.

LAB REP (if different from PI): Click to enter text. PI PHONE: Click to enter text. PI EMAIL: Click to enter text.

**A. Check the boxes to show which item(s) are true:**

1. This laboratory was inspected for work at [ ]  BSL-2.
2. This laboratory will be used as a laboratory classroom [ ] .

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| INSPECTION FINDINGS REVIEW (performed by IBC Committee Coordinator):[ ]  No non-compliant items [ ]  Some non-compliant items were identified. |

**B. Form Instructions:**

This form has sections addressing the NIH Guidelines requirements for a BSL2 laboratory.
For each line in the table, the PI or Lab Inspector must mark a response. The three options are:

**N/A** - Not applicable to the lab for the protocol or planned work

**Yes** – Meets the requirement at the time of review. The material, container, signage, documentation and PPE is in the lab.

**No** - Does not meet the requirement at present. *For items marked as No, use the CONDITION column to explain how and when the requirement will be met*. Examples include the date of scheduled service by EHS or Facilities, the date supplies (chemicals, lab coats) were ordered.

| ITEM | N/A  | Yes | No | CONDITION |
| --- | --- | --- | --- | --- |
| **C. Standard Microbiological Practices** per guidance found at http://www.cdc.gov/od/ohs/biosfty/biosfty.htm  |
| 1. There are durable, leak-proof containers appropriate to the project on hand at the time of inspection.
 |  |  |  |  |
| 1. Spill response/cleanup materials "kit" are available for small spills
 |  |  |  |  |
| 1. Biohazard signage is posted at the lab entrance when infectious agents are present, or appropriate to the project materials
 |  |  |  |  |
| 1. Emergency contact numbers are posted and current
 |  |  |  |  |
| 1. A phone is available at all times (cell with coverage or landline)
 |  |  |  |  |
| 5a. List Number here: |  |  |  |  |
| **D. Safety Equipment - Primary Barriers & Personal Protective Equipment (PPE)** as described in the CDC BMBL found at http://www.cdc.gov/od/ohs/biosfty/biosfty.htm |
| 1. Protective clothing described in the Biosafety Lab Manual is readily available for lab personnel in the laboratory space
 |  |  |  |  |
| 1. List specialized PPE if required for project under CONDITION
 |  |  |  |  |
| **E. Laboratory Facilities** per guidance found at http://www.cdc.gov/od/ohs/biosfty/biosfty.htm |
| 1. Laboratory has a sink for hand washing
 |  |  |  |  |
| 1. Eyewash station is readily available
 |  |  |  |  |
| 1. Emergency Shower is readily available
 |  |  |  |  |
| 1. Emergency Shower has been inspected in last 12 months
 |  |  |  |  |
| 1. Lab is designed and maintained for ease of cleaning(i.e., no carpet, cloth furniture, etc.)
 |  |  |  |  |
| 1. Bench tops are impervious to water and resistant to heat and chemicals
 |  |  |  |  |
| 1. Lab windows that open to the exterior are fitted with screens
 |  |  |  |  |
| 1. Housekeeping is appropriate and lab is maintained in a clean/sanitary condition
 |  |  |  |  |
| 1. Egress and Access pathways are clear and unobstructed
 |  |  |  |  |
| 1. Emergency exit procedures are posted near exits
 |  |  |  |  |
| 1. **Biosafety Cabinets (BSC)** – are these required for this protocol?  If **yes**, answer the following:
 |  |  |  |  |
| 1. BSCs are located away from doors, heavily traveled areas, and other airflow disruptions
 |  |  |  |  |
| 1. BSC vacuum lines are protected with HEPA filters, or their equivalent
 |  |  |  |  |
| 1. BSCs have been certified within the last year
 |  |  |  |  |
| 1. BSCs Certification Date(s):
 |  |  |  |  |
| 1. **Chemical Fume Hoods** – If these required for this protocol, answer the following:
 |  |  |  |  |
| 24 a. Fume hood is positioned so the baffles/air flow are not blocked |  |  |  |  |
| 24 b. Fume hood has a minimum of 56 inches away from front adequate working space in front of it |  |  |  |  |
| 24 c. Fume hood sash and components are operational within the specifications for the unit, and for the project |  |  |  |  |
| 24 d. Fume hood has been certified within the last year  |  |  |  |  |
| 24 e. List Certification Date: |  |  |  |  |
| 1. **Chemical Storage** - include materials used for disinfecting instruments, surfaces
 |  |  |  |  |
| 1. PI / Project chemicals storage and quantities have been inspected by EHS within the past 90 days
 |  |  |  |  |
| 1. PI / Project chemicals type, location and purpose are listed in the Laboratory Biosafety Manual and are appropriate for this protocol
 |  |  |  |  |
| 1. PI/Project chemicals are included on the EHS Chemical Inventory system
 |  |  |  |  |
| 1. EHS inventory posting confirmed by IBC CC (reserved for IBC)
 |  |  |  |  |
| 1. **Regulated Waste Management -** Consult ISU EHS for assistance
 |  |  |  |  |
| 1. Waste containers are
 |  |  |  |  |
| 30 a. clearly labeled  |  |  |  |  |
| 30 b. properly sealed |  |  |  |  |
| 1. Is access to and use of an autoclave required to prepare waste from this protocol? If yes, answer the following:
 |  |  |  |  |
| 31 a. The autoclave used for work in this lab is located within the lab |  |  |  |  |
| 31 b. Autoclave is within current inspection period |  |  |  |  |
| 1. No more than 30 gallons of waste is ever stored
 |  |  |  |  |
| 1. Biosafety Officer/EHS affirms that discharges of liquid bio-waste to the sanitary sewer are approved
 |  |  |  | *EHS signature:* |
| 1. **Signs and guidance** – Is the following info posted in the lab?:
 |  |  |  |  |
| 34 a. Basic hazardous waste management guidelines |  |  |  |  |
| 34 b. How to report accidental mixing of hazardous materials with bio-waste to EHS |  |  |  |  |
| 34 c. Information that states bio-waste is picked up by EHS or designated contractor. |  |  |  |  |
| 1. List any additional requirements or containment specific to safe operations in this lab **for this protocol** below:
 |
| 35a. |  |  |  |  |
| 35b. |  |  |  |  |

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| 1. Special Observations:
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|  |  |
| --- | --- |
| 1. Signature of Inspector:
 |  |
| 1. Signature of PI or Lab Representative:
 |  |
| 1. BSO/EHS or IBC signature with date confirming corrected deficiencies:
 |  |