**WSU Laboratory Biosafety Level 2 Audit**

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| Principal Investigator (PI)/Director: | | | Title: | | |
| Room/Building: | | | Department: | | |
| Date: | | | Phone: | | |
| Lab Contact:  E-mail: | | | BSL-2 related material: | | |
| **Directions for PI/Director:**   * Please review the document below * All issues that need attention are marked with **red** text in the “Yes/No” section * The required corrective actions should be included in the corresponding row * Please correct the issue(s) identified and check the relevant box in the “PI confirmation” column * If a corrective action cannot be completed, please provide an explanation in the comments section below * Complete the staff training box at the bottom of the document * Once the document is completed, please sign and date in the space provided and return to OEHS   Please contact the OEHS employee who performed the audit if you have any questions or concerns. | | | | | |
| A. Decontamination | Yes/No | Comments | | Corrective Action Required | PI confirmation |
| 1. Supply of [appropriate disinfectant](https://research.wayne.edu/oehs/bio-safety/disinfectant_selection_laboratories-2-16-23.pdf) in lab and ready for use. (See also [CDC guidelines](https://www.cdc.gov/infectioncontrol/guidelines/disinfection/disinfection-methods/chemical.html)) | Yes/No |  | |  | * Yes * No |
| 2. Container of decontaminant available in/near the biosafety cabinet (BSC). | Yes/No |  | |  | * Yes * No |
| 3. Work surfaces decontaminated at least once a day and after any spill of viable material. | Yes/No |  | |  | * Yes * No |
| 4. Lab equipment decontaminated routinely and after any spill of viable material. | Yes/No |  | |  | * Yes * No |
| 5. Eye and face protection decontaminated after use or disposed of in biohazard container. | Yes/No |  | |  | * Yes * No |
| 6. Potentially infectious liquid or solid wastes decontaminated before disposal. | Yes/No | Where and how? | |  | * Yes * No |
| 7. Autoclave for decontaminating potentially infectious waste available. | Yes/No | Location:  Vendor: | |  | * Yes * No |
| 8. Contaminated materials placed in a durable puncture resistant leak proof container with a lid. | Yes/No |  | |  | * Yes * No |
| B. Standard Microbiological Practices | Yes/No | Comments | | Corrective Action | PI Confirmation |
| 1. Access to the lab limited at the discretion of the PI, while experiments in progress. | Yes/No |  | |  | * Yes * No |
| 2. Hand washing sink available and staff members wash hands after handling viable materials, after removing gloves and before leaving the lab. | Yes/No |  | |  | * Yes * No |
| 3. Eating, drinking, food storage, applying cosmetics, etc., not permitted in the lab. | Yes/No |  | |  | * Yes * No |
| 4. Long hair is restrained when working in the lab. | Yes/No |  | |  | * Yes * No |
| 5. Mechanical pipetting devices in use and mouth pipetting prohibited. | Yes/No |  | |  | * Yes * No |
| 6. Care is taken to minimize the creation of splashes or aerosols. | Yes/No |  | |  | * Yes * No |
| 7. Insect / rodent control program in effect. | Yes/No |  | |  | * Yes * No |

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| C. Special Practices | Yes/No | Comments | Corrective Action | PI Confirmation |
| 1. PI has established policy whereby only persons who have been advised of potential hazards and meet any specific entry rules are allowed in lab/animal rooms. | Yes/No |  |  | * Yes * No |
| 2. Emergency notification and biohazard sign posted at the entrance to the lab. | Yes/No |  |  | * Yes * No |
| 3. Lab doors kept closed while experiments are in progress. (Promotes directional airflow and improves BSC and fume hood efficiency). | Yes/No |  |  | * Yes * No |
| 4. Precautions taken with sharps.  a. only used when no other options are available  b. contaminated needles not sheared, bent or recapped  c. engineered needles or needle-less systems used when possible | Yes/No |  |  | * Yes * No | |
| 5. SHARPS containers available. | Yes/No |  |  | * Yes * No | |
| 6. Spills/accidents resulting in exposures to infectious materials reported to PI. | Yes/No |  |  | * Yes * No | |
| 7. Animals not involved in research prohibited from lab. | Yes/No |  |  | * Yes * No | |

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| D. Safety Equipment (Primary Barriers) | Yes/No | Comments | Corrective Action | PI Confirmation | |
| 1. Biosafety cabinets (BSC), other physical containment devices or personnel protective equipment used when:  a. Aerosol producing tasks (centrifuging, blending, grinding, sonicating, shaking or mixing, opening containers of potentially infectious materials)  b. Working with concentrated or large volumes of infectious agents. | Yes/No |  |  | * Yes * No | |
| 2. BSCs properly maintained and certified annually. | Yes/No | Certification Date(s): |  | * Yes * No | |
| 3. Centrifuges have sealed rotors, gaskets and/or safety cups, which are only opened inside a BSC. | Yes/No |  |  | * Yes * No | |
| 4. Face protection used when anticipated splashes or sprays of infectious materials exist outside the BSC. | Yes/No |  |  | * Yes * No | |
| 5. Lab coats worn at all times in the lab. | Yes/No |  |  | * Yes * No | |
| 6. Protective clothing, including gloves, removed before entering non-lab areas (e.g., offices, elevators, lobbies) | Yes/No |  |  | * Yes * No | |
| 7. Protective clothing, such as lab coats, are not taken home for laundering. | Yes/No |  |  | * Yes * No | |
| 8. Gloves worn and care taken to avoid skin contamination when working with potentially infectious materials or animals. | Yes/No |  |  | * Yes * No | |
| E. Laboratory Facilities (Secondary Barriers) | Yes/No | Comments | Corrective Action | PI Confirmation | |
| 1. Lab designed so that it can be easily cleaned. | Yes/No |  |  | * Yes * No | |
| 2. Bench tops impervious to water and resistant to heat, solvents, chemicals used to decontaminate work surfaces and equipment. | Yes/No |  |  | * Yes * No | |
| 3. Spaces between benches, cabinets and equipment accessible for cleaning. | Yes/No |  |  | * Yes * No | |
| 4. Eyewash available and [regularly tested](https://research.wayne.edu/oehs/lab-safety/eyewash-log-sheet.docx). | Yes/No |  |  | * Yes * No | |
| 5. Chairs and other furniture in lab have non-fabric, non-wooden material that can be easily decontaminated. | Yes/No |  |  | * Yes * No | |
| 6. Vacuum lines are protected with liquid disinfectant traps and in-line HEPA filter. | Yes/No |  |  | * Yes * No | |
| 7. Lab windows that open have screens. | Yes/No |  |  | * Yes * No | |
| 8. Lab is under negative pressure. (Airflow in the direction of the corridor into lab) | Yes/No |  |  | * Yes * No | |
| F. Documentation | Yes/No | Comments | Corrective Action | PI Confirmation |
| 1. [WSU Biosafety Manual](http://research.wayne.edu/oehs/pdf/biosafety-manual.pdf) available. | Yes/No |  |  | * Yes * No |

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| 2. Biosafety SOPs specific to the work performed in the lab. Lab personnel are informed of the specific biohazards in the lab and are required to follow established safe work practice, including response to spills and exposures. | Yes/No |  |  | * Yes * No |
| 3. Staff has completed annual Biosafety/Bloodborne Pathogen Training. | Yes/No |  |  | * Yes * No |
| 4. [Exposure control Plan (ECP)](https://research.wayne.edu/oehs/pdf/exposurecontrolplan.pdf) is signed and dated (page 25) within the past calendar year? | Yes/No |  |  | * Yes * No |
| 5. Staff have been offered appropriate immunizations or tests for the agents handled in the lab (e.g. HBV vaccine for Human cell users). | Yes/No |  |  | * Yes * No |
| G. Miscellaneous Practices | Yes/No | OEHS Comments | Corrective Action Required | PI Confirmation |
| 1. When working with Select Agents or USDA “High Consequence” pathogens or toxins, stock material secured and doors closed when work is in progress. | Yes/No |  |  | * Yes * No |
| 2. Do you have any samples of infectious Poliovirus or Poliovirus Potentially Infectious Materials (PIM)?  *Poliovirus PIM includes human fecal samples and upper respiratory secretions collected for polio or non-polio related work in a time and place where one of the following apply:*   1. *Wild Poliovirus was circulating,* 2. *Vaccine derived poliovirus was circulating,* 3. *Oral polio vaccine was in use.*   *Please see the OEHS* [*Poliovirus Eradication Initiative*](https://research.wayne.edu/oehs/bio-safety/poliovirus) *website for more information.* | Yes/No |  |  | * Yes * No |
| \*For additional issues identified but not listed |  |  |  |  |
|  | Yes/No |  |  | * Yes * No |
|  | Yes/No |  |  | * Yes * No |

**List staff working on project and their lab safety training dates:**

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| Last Name | First Name | Laboratory Safety Training Date | Biosafety Training Date |
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| Comments: |

The responsibility for laboratory safety resides with the Principal Investigator (PI). In signing below, the PI acknowledges that all corrective actions have been completed in accordance with recommendations made by OEHS.

PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_