

Revised 1/2/2018

WSU Laboratory Biosafety Level 2 Visit

Principal Investigator (PI)/Director:		Title:		
Room/Building:		Department:		
Date:		Phone:		
Lab Contact: E-mail:		BSL-2 related material:		
<p>Directions for PI/Director:</p> <ul style="list-style-type: none"> • 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 <p>Please contact the OEHS employee who performed the audit if you have any questions or concerns.</p>				
A. Decontamination	Yes/No	Comments	Corrective Action Required	PI confirmation
1. Supply of appropriate disinfectant in lab and ready for use. (See also CDC guidelines)	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Container of decontaminant available in/near the biosafety cabinet (BSC).	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Work surfaces decontaminated at least once a day and after any spill of viable material.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Potentially infectious liquid or solid wastes decontaminated before disposal.	Yes/No	Where and How?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Autoclave for decontaminating potentially infectious waste available.	Yes/No	Location: Vendor:		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Contaminated materials placed in a durable puncture resistant leak proof container with a lid.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Standard Microbiological Practices	Yes/No	Comments	Corrective Action	PI Confirmation



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1. Access to the lab limited at the discretion of the PI, while experiments in progress.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Eating, drinking, food storage, applying cosmetics, etc., not permitted in the lab.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Mechanical pipetting devices in use and mouth pipetting prohibited.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Care is taken to minimize the creation of splashes or aerosols.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Insect / rodent control program in effect.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Emergency notification and biohazard sign posted at the entrance to the lab.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Lab doors kept closed while experiments are in progress. (Promotes directional airflow and improves BSC and fume hood efficiency).	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Baseline serum samples collected.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No



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systems used when possible				
6. SHARPS containers available.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Spills/accidents resulting in exposures to infectious materials reported to PI.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Animals not involved in research prohibited from lab.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. BSCs properly maintained and certified annually.	Yes/No	Certification Date(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Centrifuges have sealed rotors, gaskets and/or safety cups, which are only opened inside a BSC.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Face protection used when anticipated splashes or sprays of infectious materials exist outside the BSC.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Lab coats worn at all times in the lab.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Protective clothing, including gloves, removed before entering non-lab areas (offices, elevators, lobbies)	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Gloves worn and care taken to avoid skin	Yes/No			<input type="checkbox"/> Yes



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contamination when working with potentially infectious materials or animals.				<input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Bench tops impervious to water and resistant to heat, solvents, chemicals used to decontaminate work surfaces and equipment.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Spaces between benches, cabinets and equipment accessible for cleaning.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Eyewash available and regularly tested .	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Chairs and other furniture in lab have non-fabric, non-wooden material that can be easily decontaminated.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Lab windows that open have screens.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Lab is under negative pressure. (Airflow in the direction of the corridor into lab)	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Documentation	Yes/No	Comments	Corrective Action	PI Confirmation
1. WSU Biosafety Manual available.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
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, inc. response to spills and exposures.	Yes/No	Does the lab have a system for the development of SOPs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Staff has completed annual Biosafety/Bloodborne Pathogen Training.	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Exposure control Plan (ECP) is signed and	Yes/No			<input type="checkbox"/> Yes



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dated (page 25) within the past calendar year?				<input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input type="checkbox"/> No
*For additional issues identified but not listed	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Yes/No			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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: _____



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