

BIOLOGICAL SAFETY REPORT CHECKLIST

Date

Principal Investigator

Lab Representative

Department

Building

Office Phone

Other Phone

Room #

Type (main, culture, cold, ante, storage)

Level (BSL-1, BSL-2)

Door Signs

Human Materials

Animal Materials

Plant Materials

Recombinant DNA

Stem Cells

Infectious Agents

Export Control Agents

Toxins

Other

Controlled Substances Used Biomaterial Survey On File IBC Registration On File

Biosafety Cabinet or Laminar Flow Hood Information

Serial Number	Location	Used by Others	Disinfection	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	YES	NO	NA
<input type="checkbox"/> Corrective Action Required, see Memo for how to correct			
<input type="checkbox"/> 1. Security, restricted access policy in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2. Windows, exterior do not open or fly screens present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3. Pest control program in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4. Sink, soap and paper towel, used prior to leaving lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5. Eye Wash, uncluttered, operational, recorded weekly flushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6. Bench tops, impervious, easily cleaned, daily disinfection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7. Non-fabric, sturdy lab furniture, easily disinfected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 8. Biohazard Signage appropriate on waste lids, storage, equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9. Mouth pipetting is prohibited, mechanical devices used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 10. No food, drink, cosmetics, non-work related plants or animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 11. Biosafety Cabinet, properly used, located and certified annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 12. Biosafety Cabinet used for high concentrations or aerosol/splash procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 13. Vacuum system with in-line filter, dual flasks, stable, disinfected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 14. Biospill kit available, maintained with spill procedure posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 15. Directional airflow - negative to hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 16. Biohazardous waste policies followed, chemical treatment or autoclaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 17. Sharps containers available, labeled, no non-sharp waste, not over filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 18. Broken glass procedures in place including blood tubes, vials, slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 19. Autoclave available, tested, and training done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 20. Lab coats available, cleaned or replaced appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 21. Gloves available, used, never reused, properly disposed of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 22. Respirator usage in accordance with regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 23. Face and eye protection available and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 24. Inventory log used (Export Controls/Select Agents/Biologicals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 25. Training completed including site specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 26. Shipping done by trained personnel or EHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 27. Aware of MTA's, Permits, Export Controls, Equipment Release Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 28. Personnel can show accessibility of MSU safety manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 29. Exposure incident response posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 30. Source Protocol completed if source can be identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 31. Task Procedure Forms - procedural document for at risk tasks completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 32. Safer Sharps Evaluation Form current and on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 33. Safer Sharps Annual Review Form current and on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 34. Safer Sharps or needle-locking syringe device used for rDNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>