Environmental Health and Safety
Keeping UCF Safe

P.I. Name _____ Office Telephone : _____

Department _____ Contact Telephone : _____

Survey Date : _____ Reviewed Date : _____

Survey By : _____ Reviewed By : _____

Inspection Location(s)

Building Name	Building Code	Lab/Room #

		Unsatisfactory	Satisfactory	Needs Improvement	Info	Recom
1. Documentation and Training						
Personnel have documented Laboratory Safety or Biosafety training and are current. Bloodborne Pathogen training is current if applicable.	(DT1)	..	..	..	..	..
Standard Operating Procedures (SOP) include specific Personal Protection Equipment/Clothing (PPE) recommendations (hazard assessments) and are kept in the Lab Safety Manual.	(DT3)	..	..	..	..	..
3. Lab Safety						
First aid supplies are available or the nearest location is displayed in the lab.	(LS21)	..	..	..	..	..
The room aisles, hallways, stairways, and pathways are open and not cluttered, blocking travel, or creating tripping hazards.	(LS1)	..	..	..	..	..
Floors are free of oil, grease, liquids, broken/uneven surfaces, tripping hazards, and sharp objects.	(LS2)	..	..	..	..	..
No evidence of food or beverage storage in the lab.	(LS3)	..	..	..	..	..
Chemical spill supplies are available and readily accessible.	(LS4)	..	..	..	..	..
Laboratory equipment, apparatus, and glassware are free of defects and are not damaged.	(LS6)	..	..	..	..	..
Counters, floors, and fume hoods are not soiled with chemical residue or spills.	(LS7)	..	..	..	..	..
Safety shower easily accessible and not blocked.	(LS8)	..	..	..	..	..
Safety Showers and Eyewash Stations are inspected monthly.	(LS9)	..	..	..	..	..
Laboratory fume hoods are inspected and certification is not expired.	(LS10)	..	..	..	..	..

Environmental Health and Safety
Keeping UCF Safe

P.I. Name _____ Office Telephone : _____

Department _____ Contact Telephone : _____

		Unsatisfactory	Satisfactory	Needs Improvement	Info	Recom
3. Lab Safety						
Laboratory fume hoods are not cluttered and not used for storage purposes.	(LS11)	..	..	..	..	..
Laboratory fume hood sashes have unobstructed movement and are kept closed when not in use.	(LS12)	..	..	..	..	..
Eyewash stations are easily accessible and not blocked.	(LS15)	..	..	..	..	..
Fire extinguishers are not blocked and are easily accessible.	(LS16)	..	..	..	..	..
Breaker boxes are easily accessible and not blocked.	(LS17)	..	..	..	..	..
Emergency shut-off valves are easily accessible and not blocked.	(LS18)	..	..	..	..	..
Cloth chairs are not present in the laboratory.	(LS19)	..	..	..	..	..
Personal Protective Equipment and/or laboratory clothing is available.	(LS20)	..	..	..	..	..
Employees who use respirators or protective masks are registered with the EH&S Respiratory Protection program.	(LS22)	..	..	..	..	..
Lab worker attire is appropriate for hazards present.	(LS23)	..	..	..	..	..
Fire doors between fire areas are operable and kept closed.	(LS24)	..	..	..	..	..
Storage is beyond 18 inches of the ceiling in an area with sprinkler heads.	(LS25)	..	..	..	..	..
Other safety issues not previously addressed.	(OH1)	..	..	..	..	..
5. Biological Safety						
Laboratory specific policies and procedures have been developed and/or a decontamination SOP is in place. Workers are trained in these procedures.	(B1H2)	..	..	..	..	..
Laboratory personnel are knowledgeable about the biological hazard. Principal Investigator must ensure personnel receive the appropriate training and annual updates (training log book recommended).	(B1H3)	..	..	..	..	..
Proficiency is demonstrated with standard microbiological procedures. The Principal Investigator is responsible for ensuring personnel demonstrate proficiency in standard and specific microbiological procedures.	(B1H4)	..	..	..	..	..
All personnel have appropriate training records on the potential hazards associated with the work involved, the necessary precautions to prevent exposures, and the exposure evaluation procedures.	(B1H5)	..	..	..	..	..
Access to the room is limited to the fewest number of individuals possible. Personnel who must enter the room for program or service purposes when work is in progress are advised of the potential hazards.	(B1H6)	..	..	..	..	..

Environmental Health and Safety
Keeping UCF Safe

P.I. Name _____ Office Telephone : _____

Department _____ Contact Telephone : _____

		Unsatisfactory	Satisfactory	Needs Improvement	Info	Recom
5. Biological Safety						
A current biosafety manual is present in the lab and/or is customized to include specific laboratory hazards. Personnel are advised of special hazards, and have read and follow instructions on practices and procedures.	(B1H7)	..	..	..	..	..
The laboratory is designed, constructed, and maintained to facilitate cleaning and housekeeping. The interior surfaces (walls, floors, and ceilings) are water resistant. Laboratory is easy to clean and the floors do not have carpet or rugs.	(B1H8)	..	..	..	..	..
Eyewash is easily accessible inside the laboratory. The eyewash is current on monthly inspections and the tag is marked appropriately.	(B1H9)	..	..	..	..	..
A hand-washing sink is located in the laboratory, is accessible, and in working order.	(B1H10)	..	..	..	..	..
Laboratory furniture is appropriate for load and use. Spaces are accessible for cleaning. Laboratory does not contain fabric covered chairs. Bench tops are impervious to water and/or chemical resistant and in good repair.	(B1H11)	..	..	..	..	..
Illumination is adequate for laboratory activities, does not produce reflections, or glare that could impede vision.	(B1H12)	..	..	..	..	..
Internal facility appurtenances, such as light fixtures, air ducts, and utility pipes are arranged to minimize horizontal surface areas. Windows are resistant to breakage. Windows are sealed or fitted with fly screens if operable.	(B1H13)	..	..	..	..	..
Negative airflow is recommended in the laboratory. Negative airflow should be present in a BSL-2 laboratory.	(B1H14)	..	..	..	..	..
BSC located away from doors, heavily traffic areas, etc. not allowing for interruption of airflow.	(B1H15)	..	..	..	..	..
BSC has been certified annually and is current on inspection. Last date certified:	(B1H16)	..	..	..	..	..
Personal protective equipment is used based on risk assessment determinations. Proper laboratory attire is worn, at a minimum closed toe shoes and long pants. Appropriate face/eye and respiratory protection should be worn.	(B1H17)	..	..	..	..	..
Gloves are changed frequently, hands washed between changes, and/or disposable gloves are not saved for reuse. Alternative to latex gloves should be available.	(B1H18)	..	..	..	..	..
Personnel wash their hands after handling cultures, removing gloves, and before leaving the facility.	(B1H19)	..	..	..	..	..
Gowns or laboratory coats are worn while in the laboratory and/or gloves are worn when handling infected substances or when skin contact with infectious materials is unavoidable.	(B1H20)	..	..	..	..	..
PPE is worn inside of the laboratory only and not in common areas. The "one-glove" rule is observed.	(B1H21)	..	..	..	..	..

Environmental Health and Safety
Keeping UCF Safe

P.I. Name _____ Office Telephone : _____

Department _____ Contact Telephone : _____

		Unsatisfactory	Satisfactory	Needs Improvement	Info	Recom
5. Biological Safety						
Specimen containers are leak proof and closed. They are covered and placed in a secondary container during transport outside of the laboratory.	(B1H22)	..	..	..	..	..
Eating, drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human consumption are not permitted in the laboratory. No food, drink, cosmetics, or associated items are present in the lab.	(B1H23)	..	..	..	..	..
Animal and plants not involved in work are not permitted in the laboratory.	(B1H24)	..	..	..	..	..
No evidence of insect or rodent presence exists.	(B1H25)	..	..	..	..	..
Policies for the safe handling of sharps are instituted: Sharps precautions are used (needles, slides, pipettes, tips, scalpels). Sharps use is restricted unless no other alternative exists. Reusable sharps are stored with no sharp edges exposed.	(B1H26)	..	..	..	..	..
Access only allowed to personnel who are knowledgeable of hazard and/ or who have received appropriate training. People present in the lab should be there for offical purposes.	(B1H27)	..	..	..	..	..
The laboratory is separated from areas that are open to unrestricted personnel and traffic within the building.	(B1H28)	..	..	..	..	..
Laboratory is secured by locked doors when unoccupied. External doors are self-closing and self-locking. Doors to rooms open inward, are self-closing, or are kept closed when experimentals are present.	(B1H29)	..	..	..	..	..
An appropriate medical surveillance program is in place. All personnel have receive appropriate immunizations or tests for the agents handled or potentially present (e.g., hepatitis B vaccine, TB skin testing) in the lab.	(B2H1)	..	..	..	..	..
A biohazard sign is posted on the entrance whenever infectious agents are present.	(B2H2)	..	..	..	..	..
Access is restricted when working with infectious material.	(B2H3)	..	..	..	..	..
Benchtops, tables, and work surfaces in the room are decontaminated with an effective disinfectant after work with the infectious agent or after overt spills, splashes, or other contamination during lab work.	(B2H4)	..	..	..	..	..
Equipment and work surfaces are disinfected regularly, after work with infectious material, and when soiled. Spills must be decontaminated and cleaned by trained staff and the posted spill procedures. Surfaces should be free of debris and clutter.	(B2H5)	..	..	..	..	..
All equipment must be appropriately decontaminated prior to removal from the room. Decontamination procedures should be included in the Biosafety Manual or posted in the lab.	(B2H6)	..	..	..	..	..

Environmental Health and Safety
Keeping UCF Safe

P.I. Name _____ Office Telephone : _____

Department _____ Contact Telephone : _____

		Unsatisfactory	Satisfactory	Needs Improvement	Info	Recom
5. Biological Safety						
Spills and accidents which result in overt exposures to infectious materials must be immediately reported to the Principal Investigator and Environmental Health & Safety. Medical evaluation, surveillance, and treatment are provided as appropriate.	(B2H7)	..	..	..	..	..
All infectious samples are collected, labeled, transported, and processed in a manner that contains and prevents transmission of the agent(s). Outer surface of the containers is disinfected prior to moving the material.	(B2H8)	..	..	..	..	..
Procedures are performed to minimize the creation of aerosols or splatters.	(B2H9)	..	..	..	..	..
Biological safety cabinets, other physical containment devices, and/or personal protective equipment (e.g., respirators, face shields) are used whenever conducting procedures with a high potential for creating aerosols.	(B2H10)	..	..	..	..	..
Manipulations of infectious material are conducted inside of a class II or III biological safety cabinet (BSC) when a potential for aerosols or splashes exist or high concentrations of the agents are used.	(B2H11)	..	..	..	..	..
Open manipulation with infectious materials is conducted outside of the BSC. Appropriate PPE is used for open bench work.	(B2H12)	..	..	..	..	..
Face or splash protection is used for work outside the BSC that may generate splashes.	(B2H13)	..	..	..	..	..
Vacuum lines are protected by disinfectant traps and HEPA filters or equivalent. Disinfectant traps are empty or filters are clean and changed regularly.	(B2H14)	..	..	..	..	..
An autoclave is available in the facility to decontaminate infectious waste. Autoclave use procedures are in place.	(B2H15)	..	..	..	..	..
Biological waste containers are labeled with the Biohazard symbol, of appropriate size, and the symbol is facing forward. The biological waste container is covered when not in use.	(BW1)	..	..	..	..	..
Biomedical waste boxes disposed of within 30 days once waste is added. Sealed biomedical waste boxes are dated and have PI stickers on them, and are not over 30 days old.	(BW2)	..	..	..	..	..
Biomedical waste container are placed near the point of origin of biomedical waste. Biomedical waste container is clear of the walkway and does not impede movement within the lab space.	(BW3)	..	..	..	..	..
Broken glass, glassware, sharps, or items that can puncture or lacerate skin placed into biohazardous waste box inside of a secondary container or sharps box.	(BW4)	..	..	..	..	..
Sharps container is closed, and below the fill line. The sharps container is located at the point of origin in the lab or brought over to the work area during sharps use. The biological hazard symbol is at least 1 inch in diameter and faces outward.	(BW5)	..	..	..	..	..

Environmental Health and Safety
Keeping UCF Safe

P.I. Name _____ Office Telephone : _____

Department _____ Contact Telephone : _____

		Unsatisfactory	Satisfactory	Needs Improvement	Info	Recom
5. Biological Safety						
Biological waste area are maintained in a sanitary condition. Evidence of insects or contamination is not present. Biological waste storage areas are easily decontaminated or cleanable, and located on an impervious floor.	(BW6)	..	..	..	..	..
Biological waste is not mixed with chemical or radioactive waste products and placed into the biomedical waste container. Mixed wastes are handled seperately.	(BW7)	..	..	..	..	..
Biological waste disposed of properly, not in a regular trash container. Non-biological waste items are not disposed of with biohazardous materials.	(BW8)	..	..	..	..	..
6. Radiological Safety						
Notice to Employees and Safety Rules & Emergency Procedures is clearly posted	(RH1)	..	..	..	..	..
Isotope storage refrigerator/freezer has appropriate signage	(RH2)	..	..	..	..	..
Isotope inventory logs kept current and are clearly posted at vial storage location	(RH3)	..	..	..	..	..
Stock vial inventory in lab matches EHSA vial inventory	(RH4)	..	..	..	..	..
Daily rate meter survey and/or LSC swipe surveys current and complete	(RH5)	..	..	..	..	..
Radiation Safety Notebook is complete and current	(RH6)	..	..	..	..	..
Workers attached to the PI's radiation permit are current on all required training. RC-2A "Radiation Worker Log" has been signed by all workers.	(RH7)	..	..	..	..	..
Radioactive material(s) have at least two levels of security	(RH8)	..	..	..	..	..
Radioactive material work area(s) delineated with radiation tape	(RH9)	..	..	..	..	..
Radiation work area(s) lined with absorbent paper are free from stains and tears	(RH10)	..	..	..	..	..
Radiation work area(s) are kept orderly and contain only equipment, materials, and containers clearly labeled with "Radioactive" tape	(RH11)	..	..	..	..	..
Shielding is in place and appropriate for the type of radioactive materials in use or storage	(RH12)	..	..	..	..	..
Appropriate radioactive spill kits are available and stocked	(RH13)	..	..	..	..	..
Radiation survey meter is available, operable, and up-to-date on calibration	(RH14)	..	..	..	..	..
Radiation Safety As Low As Reasonably Achievable (ALARA) principles, PPE, and best practices are being used	(RH15)	..	..	..	..	..

Environmental Health and Safety
Keeping UCF Safe

P.I. Name _____ Office Telephone : _____

Department _____ Contact Telephone : _____

		Unsatisfactory	Satisfactory	Needs Improvement	Info	Recom
6. Radiological Safety						
Radioactive waste properly segregated	(RH16)	..	..	..	..	..
Radioactive waste properly labeled	(RH17)	..	..	..	..	..
Radioactive waste properly collected and stored	(RH18)	..	..	..	..	..
8. Waste Management						
Laboratory waste is properly segregated and in appropriate containers. (i.e. sharps, chemical waste, biological waste, radiological waste, broken glass, etc.)	(WM7)	..	..	..	..	..
Hazardous Chemical Waste containers are properly labeled.	(WM1)	..	..	..	..	..
Hazardous waste is stored in a designated area and segregated according to compatibility.	(WM2)	..	..	..	..	..
Hazardous chemical waste containers are appropriate for contents, integrity of the container is sufficient to prevent leaks or spills, and containers are kept closed when not in use.	(WM3)	..	..	..	..	..
Hazardous waste accumulated in the laboratory area is within the allowed quantity limits and the regulatory time limit.	(WM4)	..	..	..	..	..
Hazardous/Chemical Waste is handled and stored in a manner to prevent rupture or leakage.	(WM5)	..	..	..	..	..
Hazardous Waste is being disposed of by impermissible methods.	(WM6)	..	..	..	..	..
9. Controlled Substances DEA & DOH						
Controlled Substances, as defined by the Drug Enforcement Agency (DEA), are kept under lock and key with limited access.	(CS1)	..	..	..	..	..
A logbook detailing use, as required for the DEA Controlled Substance Act, is provided.	(CS2)	..	..	..	..	..

Additional Comments ; _____