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)	☐	☐	☐	☐	☐
Laboratory Hazard Assessment Tool (LHAT) has been filled in EHSA and approved, the laboratory has updated LHAT within two years of the last submission.	(DT2)	☐	☐	☐	☐	☐
2. Hazard Communication						
Accident/incident/injury/near-miss reporting procedure is known and records are kept in the Lab Safety Manual.	(HC5)	☐	☐	☐	☐	☐
Laboratory personnel can locate SDS's for the chemicals in their lab and/or know how to retrieve SDS information.	(HC7)	☐	☐	☐	☐	☐
Laboratory personnel can locate the UCF Laboratory Safety Manual.	(HC6)	☐	☐	☐	☐	☐
Laboratory doors: All doors have a laboratory sign with the required emergency information and hazard warnings.	(HC2)	☐	☐	☐	☐	☐
Hazard warning signs or labels are placed where there are immediate dangers or potential risks.	(HC3)	☐	☐	☐	☐	☐
Refrigerators and microwaves are labeled for designated uses (i.e. biological, radiological, food not for human consumption).	(HC1)	☐	☐	☐	☐	☐
Laboratory specific emergency plan is properly displayed and in the Laboratory Safety Manual.	(HC4)	☐	☐	☐	☐	☐
3. Lab Safety						
The room aisles, hallways, stairways, and pathways are open and not cluttered, blocking travel, or creating tripping hazards.	(LS1)	☐	☐	☐	☐	☐

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3. Lab Safety

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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 is 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)	☐	☐	☐	☐	☐
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 easily accessible, not blocked, and not expired.	(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)	☐	☐	☐	☐	☐
First aid supplies are available or the nearest location is displayed in the lab.	(LS21)	☐	☐	☐	☐	☐
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)	☐	☐	☐	☐	☐

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3. Lab Safety						
Storage is beyond 18 inches of the ceiling in an area with sprinkler heads.	(LS25)	☐	☐	☐	☐	☐
Relocatable power taps (RPT) are not connected directly to a permanently installed receptacle. Power Strips are not plugged into additional power strips. Temporary extension cords are not setup as permanent electrical wiring. No daisy chaining.	(LS26)	☐	☐	☐	☐	☐
4. Chemical Storage						
Chemical containers are barcoded and the chemical inventory is up to date in the chemical database.	(CH24)	☐	☐	☐	☐	☐
Chemicals are stored with regard to hazard class/compatibility.	(CH1)	☐	☐	☐	☐	☐
Bases/Alkalines are properly segregated and properly stored.	(CH2)	☐	☐	☐	☐	☐
Acids (organic and inorganic) are properly segregated and stored.	(CH3)	☐	☐	☐	☐	☐
Toxic chemicals are properly segregated and stored.	(CH4)	☐	☐	☐	☐	☐
Oxidizers, peroxide formers, and/or time sensitive chemicals are properly segregated, labeled, and properly stored.	(CH5)	☐	☐	☐	☐	☐
Water reactive or pyrophoric chemicals are properly stored.	(CH6)	☐	☐	☐	☐	☐
Flammable/Combustible liquids do not exceed the regulatory storage limits for the fire area.	(CH7)	☐	☐	☐	☐	☐
Flammable cabinet door(s) are kept closed with vent plugs in place.	(CH8)	☐	☐	☐	☐	☐
Refrigerated flammables stored in an explosion proof refrigerator.	(CH9)	☐	☐	☐	☐	☐
Chemicals are not stacked or on their sides.	(CH10)	☐	☐	☐	☐	☐
Chemical container(s) are in good condition.	(CH11)	☐	☐	☐	☐	☐
All hazardous liquids are stored on shelves at or below eye level.	(CH12)	☐	☐	☐	☐	☐
Chemicals are not stored near heat, ignition sources, and/or in direct sunlight.	(CH14)	☐	☐	☐	☐	☐
Hazardous chemicals are not stored on the floor and/or under the sink.	(CH15)	☐	☐	☐	☐	☐
All chemicals present in the laboratory are not old, outdated, or expired.	(CH16)	☐	☐	☐	☐	☐
Gas cylinders are properly restrained and segregated. Cylinders without regulators are capped.	(CH17)	☐	☐	☐	☐	☐

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4. Chemical Storage						
The number of compressed gas cylinders secured together with one restraining device does not exceed the allowable limits.	(CH18)	☐	☐	☐	☐	☐
Compressed gas cylinders are clearly marked to identify contents.	(CH19)	☐	☐	☐	☐	☐
Pressurized cryogenic containers relief valves, venting devices, and gauges are appropriate and properly functional.	(CH20)	☐	☐	☐	☐	☐
Dewars are properly labeled with contents and have proper venting.	(CH21)	☐	☐	☐	☐	☐
Chemical containers are closed securely.	(CH22)	☐	☐	☐	☐	☐
Chemical containers are labeled properly.	(CH23)	☐	☐	☐	☐	☐
Does the room have more than 4L of flammable solvents?	(CH26)	☐	☐	☐	☐	☐
Is this room under negative pressure?	(CH27)	☐	☐	☐	☐	☐
Laboratory Inventory Sample. (Please collect 10-15 barcodes for a sample of the inventory to be checked back at EHS. Also collect information on chemicals NFPA 2 and higher without barcodes.)	(CH28)	☐	☐	☐	☐	☐
Flammable/Combustible liquids are properly stored.	(CH29)	☐	☐	☐	☐	☐
5. Biological Safety						
Laboratory specific policies and procedures have been developed, and/or a decontamination SOP is in place. Workers are trained on 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)	☐	☐	☐	☐	☐
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 followed 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)	☐	☐	☐	☐	☐

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5. Biological Safety						
A hand-washing sink is located in the laboratory, is accessible, and in working order.	(B1H10)	☐	☐	☐	☐	☐
Negative airflow is recommended in the laboratory. Negative airflow should be present in a BSL-2 laboratory.	(B1H14)	☐	☐	☐	☐	☐
BSC located away from doors, heavily trafficked areas, etc. to allow for the interruption of airflow. There are no open flames in the BSC. Materials and equipment immediately in use are in the BSC. BSC is not used for storage.	(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. An alternative to latex gloves should be available.	(B1H18)	☐	☐	☐	☐	☐
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)	☐	☐	☐	☐	☐
Eating, drinking, smoking, the handling of contact lenses, and the application of cosmetics is not done in the lab and food for human consumption is not stored. Mechanical pipetting devices are used.	(B1H23)	☐	☐	☐	☐	☐
Animal and plants not involved in work are not permitted in the laboratory.	(B1H24)	☐	☐	☐	☐	☐
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)	☐	☐	☐	☐	☐
A biohazard sign is posted on the entrance whenever infectious agents are present.	(B2H2)	☐	☐	☐	☐	☐
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 working with infectious material and when soiled. Spills are decontaminated and cleaned by trained staff using posted spill procedures. Surfaces are free of debris and clutter.	(B2H5)	☐	☐	☐	☐	☐

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5. Biological Safety						
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)	☐	☐	☐	☐	☐
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)	☐	☐	☐	☐	☐
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 container is 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)	☐	☐	☐	☐	☐
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.	(BW5)	☐	☐	☐	☐	☐
Biological waste area is maintained in a sanitary condition. Evidence of insects or contamination is not present. Biological waste storage area is 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 and 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 are 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 are current and complete.	(RH5)	☐	☐	☐	☐	☐

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6.Radiological Safety						
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) are 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)	☐	☐	☐	☐	☐
Radioactive waste properly segregated.	(RH16)	☐	☐	☐	☐	☐
Radioactive waste properly labeled.	(RH17)	☐	☐	☐	☐	☐
Radioactive waste properly collected and stored.	(RH18)	☐	☐	☐	☐	☐
7. Laser Safety						
Approved laser area warning signs present at all entryways.	(LH1)	☐	☐	☐	☐	☐
Class 4 laser lab entryways equipped with interlock or warning light.	(LH2)	☐	☐	☐	☐	☐
Written Standard Operating Procedure available and complete.	(LH3)	☐	☐	☐	☐	☐
All authorized users have received laser safety orientation training, SOP-specific training, and have signed the Authorized Personnel list in the SOP.	(LH4)	☐	☐	☐	☐	☐
View of optics from entryway blocked.	(LH5)	☐	☐	☐	☐	☐
Beam controls are adequate.	(LH6)	☐	☐	☐	☐	☐
Laser and beam enclosure warning labels are adequate.	(LH7)	☐	☐	☐	☐	☐

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7. Laser Safety						
Appropriate eyewear must be available for all laser hazards present.	(LH8)	☐	☐	☐	☐	☐
All eyewear is labeled and in good condition.	(LH9)	☐	☐	☐	☐	☐
Laser safety eyewear available at Class 4 entryways.	(LH10)	☐	☐	☐	☐	☐
Class 3b and 4 laser inventory in lab matches Laser Device Registration Form.	(LH11)	☐	☐	☐	☐	☐
8. Waste Managment						
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)	☐	☐	☐	☐	☐
Other Hazards Not Previously Addressed						
No Deficiencies found.	(NOV)	☐	☐	☐	☐	☐
Other safety issues, not previously addressed.	(OH1)	☐	☐	☐	☐	☐
No violations noted at time of inspection	(0)	☐	☐	☐	☐	☐

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Additional Comments ; _____

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