



# 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 #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Needs  
Unsatisfactory Satisfactory Improvement Info Recom

### 1. Documentation and Training

Personnel have documented Laboratory Safety or Biosafety training and ( DT1 ) are current. Bloodborne Pathogen training is current if applicable.

..                      ..                      ..                      ..                      ..

Standard Operating Procedures (SOP) include specific Personal Protection Equipment/Clothing (PPE) recommendations (hazard assessments) and are kept in the Lab Safety Manual. ( DT3 )

..                      ..                      ..                      ..                      ..

### 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 MSDS's for the chemicals in their lab and/or know how to retrieve information from the MSDS. ( 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 are labeled for designated uses (i.e. biological, radiological, food not for human consumption). ( HC1 )

..                      ..                      ..                      ..                      ..

Laboratory specific emergency evacuation plan is properly displayed and in the Laboratory Safety Manual. ( HC4 )

..                      ..                      ..                      ..                      ..

### 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 )

..                      ..                      ..                      ..                      ..



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3. Lab Safety

		<u>Unsatisfactory</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Info</u>	<u>Recom</u>
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 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 )	..	..	..	..	..

4. Chemical Storage

Chemical containers are barcoded and the chemical inventory is up to date in the chemical database.	( CH24 )	..	..	..	..	..
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### 4. Chemical Storage

		<u>Unsatisfactory</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Info</u>	<u>Recom</u>
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.	( 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 )	..	..	..	..	..
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 )	..	..	..	..	..



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### 4. Chemical Storage

		<u>Unsatisfactory</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Info</u>	<u>Recom</u>
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 inventor to be checked back at EHS)	( 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 )	..	..	..	..	..
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 traffic areas, etc. not allowing for interruption of airflow.	( B1H15 )	..	..	..	..	..
BSC has been certified annually and is current on inspection. Last date certified:	( B1H16 )	..	..	..	..	..



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5. Biological Safety

Needs
Unsatisfactory Satisfactory Improvement Info Recom

Table with 7 columns: Description, ID, Unsatisfactory, Satisfactory, Needs Improvement, Info, and Recommendation. Rows include items like 'Personal protective equipment is used based on risk assessment determinations', 'Gloves are changed frequently', 'Gowns or laboratory coats are worn while in the laboratory', etc.



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### 5. Biological Safety

	<u>Unsatisfactory</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Info</u>	<u>Recom</u>
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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 )	..	..	..	..
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 )	..	..	..	..



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### 6. Radiological Safety

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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 on the SOP.	( LH4 )	..	..	..	..	..
View of optics from entryway blocked.	( LH5 )	..	..	..	..	..
Beam controls are adequate.	( LH6 )	..	..	..	..	..
Laser and beam enclosure warning labels are adequate.	( LH7 )	..	..	..	..	..
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 Management



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8. Waste Management

		<u>Unsatisfactory</u>	<u>Satisfactory</u>	<u>Needs Improvement</u>	<u>Info</u>	<u>Recom</u>
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 )		..	..	..	..	..

Additional Comments ;  
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