LABORATORY BIOSAFETY CHECKLIST

Princ	ipal Investigator		
Bldg/	Room Phone		
Prese	nt use: cell culture rDNA infectious age	nts	animals
Biosa	fety Level Date Safety Re	ep	
LABOR	ATORY FACILITIES		
*1.	Are benches wiped daily?	_	no no
*2.	Is disinfectant available?	-	no no
	5 - 10% bleach	yes	no no no
*3.	Is work surface cover used?	_	no
*4.	Are there windows in lab? Do windows open? Are screens present?	yes	no no no
*5.	Is a sink available?soap and paper towels?	_	no no
*6.	Are insects, rodents reported?	_	no no
7.	Is access restricted?	yes yes	no no no no
8.	Is required equipment located within room? centrifuge	yes yes yes	no no no no no
9.	Are appropriate labels on equipment where potentinfectious material is stored?	_	no
10.	Type of vacuum system: central	yes	no no no
11.	Are vacuum line filters used?	-	no
12.	Is the facility under negative pressure?	VAS	no

WORK PRACTICES

*1.	Are pipettors available?	yes	no	
*2.	Are needles or Pasteur pipets used? y Disposed of appropriately? y		no no	
*3.	Can personnel handle spills of viable organisms? Are paper towels and concentrated disinfectant	_	no	
	available?	-	no	
*4.	Are lab coats available?	-	no no	
*5.	Are gloves available?		no no	
6.	Is potentially infectious material centrifuged? Name safety cups or rotors with 0-rings available		no no	
7.	Are biosafety cabinets used when infectious aero may be created?		no	
PERSC	NAL PRACTICES			
*1.	Do personnel wash hands after work?	yes	no	
*2.	Eating, drinking, smoking, food storage not permitted in lab?	yes	no	
3.	Is serum storage option available to personnel?	yes	no	
DECONTAMINATION OF BIOLOGICAL WASTE				
*1.	Are containers for biowaste clearly labeled?	yes	no	
2.	Are disposable plastics decontaminated by steam? How long?	yes	no	
3.	Is recyclable glassware decontaminated by steam? How long?	yes	no	
4.	Are liquids decontaminated by steam?	yes	no	
5.	Are autoclaving procedures verified?	yes	no	
LAB P	PERSONNEL PRESENT/NOTES			

^{*} For BL1 lab