



Office of Research
Compliance

2327 University Way, Suite 229
Bozeman, MT 59717
(406) 994-6998
FAX: (406) 994-4790

Laboratory Self-Inspection Form

Date of Survey: _____ Conducted By: _____

Building: _____ Room Number: _____ Department: _____

Principal Investigator: _____

Notes:

- Annual lab self-inspections are a key component of hazard identification and control intended to assist labs in compliance with the Occupational Health and Safety Administration (OSHA), Environmental Protection Agency (EPA), National Institutes of Health (NIH), Center for Disease Control and Prevention (CDC), Department of Transportation (DOT), and International Air Transportation Association (IATA).

Instructions:

- Complete this form manually while inspecting the lab.
- Note that CTI stands for corrected at time of inspection.
- File the completed Lab Self-Inspection Form in your Lab Safety Binder and send a copy to kirk.lubick@montana.edu

#	Item	Yes	No	CTI	N/A	Comments
1.0 General Safety						
Administrative Controls						
1.1	The external lab doors are posted with ORC/SRM provided signage that reflects the hazards present in the lab and displays current emergency contact information.					
1.2	All lab personnel are able to verify current training for applicable ORC training courses.					
Housekeeping/Work Practices						
1.3	Lab equipment is decontaminated on a routine basis in addition to any of the following instances: - After spills, splashes, or other potential contamination. - Before repair, maintenance, or removal from the lab.					
1.4	Aerosol cans are stored away from heat and ignition sources					

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1.5	There is a sink available for washing hands and supplied with soap and paper towels. If sink is unavailable, hand sanitizer is used as a temporary mode of hand sanitation and personnel wash their hands with soap and water afterwards at the nearest sink.					
1.6	Persons wash their hands after working with potentially hazardous materials and before leaving the lab.					
1.7	Sinks are free of foreign objects that could cause drain stoppage.					
1.8	No water reactive compounds are stored under sinks, except for cleaning products (i.e. bleach, dishwashing detergent).					
1.9	Food/drink/cosmetics/lotions are not present in the lab.					
1.10	Lab is free from trip hazards (examples: equipment on floor, cardboard, boxes, electrical cords, etc.)					
1.11	Hazardous reagents and samples are labeled and stored upright in appropriate containers in refrigerators and freezers.					
1.12	Lab doors are self-closing and have locks in accordance with the institutional policies. Lab doors are not propped open.					
1.13	Animal and plants not associated with the work being performed are not present in the lab.					
1.14	Electrical cords are appropriate for the equipment and are grounded with no 3-pin to 2-pin adaptors; they are not damaged or frayed. Electrical outlets are not overloaded.					
Sharps						
1.15	Unprotected sharps are not present in the lab (examples: razor blades, scalpels, needles, Pasteur pipettes)					
1.16	Needles are not bent, sheared, broken, recapped, removed from disposable syringes, or otherwise manipulated by hand before disposal.					
1.17	Reusable sharps are placed in a hard walled container for transport to a processing area for decontamination, preferably by autoclaving.					
1.18	Disposable sharps are disposed of in a sharps disposal container and the containers are no greater than 3/4 full. The sharps container lid is either kept shut or designed to prevent the contents from spilling.					
1.19	Broken glass containers with plastic liners are available and the containers are no greater than 3/4 full.					

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2.00	Biological Safety Does your lab work with biological material? If no skip Section 2.0 and go to Section 3.0					
Administrative Controls						
2.1	Lab has current and accurate Biosafety Protocol approval for all research activities involving biohazard materials.					
2.2	Lab has Biosafety SOPs. SOPs are stored in the Lab Safety Binder and have been signed by those working in the lab as a method of documenting lab-specific biosafety training. Biosafety SOP is reviewed annually and updated as needed.					
2.3	All individuals involved in the transportation/shipping of hazardous materials other than biomedical waste (e.g., dry ice, infectious substances, or biological substances) have taken Shipping Training for Infectious and Biological Substances within the past 2 years and are certified to ship these materials. Training applies to employees and supervisors that prepare, verify or sign shipping papers (e.g., shipping declarations, airway bill), prepare packages for couriers, purchase packaging materials, and/or transport packages to pick-up/drop-off location).					
2.4	A copy of the signed Shipping Training certificate(s) is stored in the lab safety binder. In the event that the lab is visited by a Department of Transportation or Federal Aviation Administration Inspector, they request these as forms of training documentation.					
Engineering Controls						
2.5	All active Biological Safety Cabinets (BSCs) have been certified within the last 12 months.					
2.6	BSCs that have failed certification or have not been certified within the last 12 months are tagged out of service and are not in use.					
2.7	Bunsen burners and/or open flames are not used in the BSC. Flammable gas is not used or connected to the BSC gas lines.					
2.8	Intake and rear grilles are clear of obstructions.					
2.9	No items are stored on top of the BSC.					
2.10	The BSC sash is functioning properly, set at an appropriate height, and not cracked. Sash is not propped open with lab equipment and alarm is not muted.					

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2.11	All active laminar flow hoods/clean benches have been certified within the last 12 months. Laminar flow hoods/clean benches that have failed certification or have not been certified within the last 12 months are tagged out of service and are not in use.					
2.12	Laminar flow hoods/clean benches are not used for work with biohazard material or other hazardous material.					
General Biosafety						
2.13	All procedures involving the manipulation of infectious materials that may generate aerosols are conducted within a BSC or other physical containment devices.					
2.14	Lab equipment and containers used to store or manipulate biohazard materials are labeled with biohazard labels where appropriate (e.g., refrigerators, incubators, centrifuges).					
2.15	Centrifuges have door interlocks (mechanism to keep lid closed during operation).					
2.16	Lab has adequately stocked biological spill kit in the lab area.					
2.17	Mechanical pipetting devices are used. Mouth pipetting is prohibited.					
2.18	Biological and biohazard samples are placed in a durable, leak proof container during collection, handling, processing, storage, or transport within a facility.					
Biological Waste						
2.19	All biohazard waste is collected for decontamination prior to disposal. Examples of biohazard waste include: rDNA, cultures, plates, transgenic animals/plants/arthropods, and sharps.					
2.20	Untreated biohazard waste is not poured down the drain, discarded in the regular trash, or mixed with chemical waste.					
2.21	Vacuum lines are protected with liquid disinfectant traps, and traps are labeled as biohazard waste (with either the text or a biohazard label).					
2.22	Solid, non-sharps biological waste is collected in a durable, leak-proof biological waste container that is lined with a biohazard bag.					
2.23	Biohazard waste is properly transported to the autoclave using approved primary and secondary transportation.					

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3.0	Radiation Safety Does your lab work with radiological material? If no skip Section 3.0 and go to Section 4.0.					
3.1	Lab has current authorization for ordering, working with, and/or storing radioactive materials.					
3.2	Radioisotopes in use are listed on authorization permit.					
3.3	Personnel working with radioactive materials are identified on PI's authorization permit.					
3.4	All personnel listed on the radiation safety permit are up-to-date on their required Radiation Safety Training.					
3.5	Acquisition of radioactive materials has not occurred without prior approval from RSO.					
3.6	No unauthorized removal of radioactive material from a facility has occurred.					
3.7	"Caution Radioactive Materials" signs are posted at the lab entrance and radiation works areas/equipment are also labeled with appropriate signage.					
General Radiation Safety						
3.8	Use and storage of radioactive materials takes place in the authorized area.					
3.9	Shielding is present and appropriate for the type of radiation. Shielding reduces dose rate to 2 mR/hr or less at 30 cm from source or surface.					
3.10	Geiger meters have been calibrated within last year and are in good operating condition or marked out of service by RSO.					
3.11	Liquid scintillation fluid is non-hazardous (i.e., biodegradable, high flash point, or non-flammable). Examples of non-hazardous liquid scintillation fluid include Ecoscint (National Diagnostics), Opti-Fluor (Perkin Elmer), Ultima Gold (Perkin Elmer), Scintiverse BD (Fisher) and ScintiSafe (Fisher).					
3.12	Radioactive material is secured against unauthorized access or removal. Methods include locking unattended laboratories, locking refrigerators or freezers in unrestricted areas or for shared refrigerators or freezers, securing in a lock box attached to the refrigerator or freezer.					
Radioactive Waste						
3.13	The final destination for radioactive waste is RSO.					
3.13	All radioactive waste is stored in RSO provided radioactive waste containers.					
3.14	Radioactive waste is segregated by isotope and waste type (Dry, Liquid, or Liquids Scintillation Vial).					
3.15	Radioactive waste containers are labeled with a provided RSO Radioactive Waste Label.					

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3.16	All radioactive trefoils on vials or other containers are defaced prior to disposal into the radioactive waste container.					
3.17	Radioactive waste is properly prepared for pick-up.					
3.18	Radioactive waste is not disposed of via sewer.					
3.19	Labels (e.g., white I, yellow II) on shipping boxes used for receiving radioactive materials are defaced prior to disposal through housekeeping.					
Dosimetry						
3.20	Personal dosimetry badges and control badges are stored away from radioactive materials.					
3.21	Personnel wear badges properly when handling radioactive material.					
4.00 Chemical Safety						
Engineering Controls						
4.1	All Chemical Fume Hoods (CFHS) have been certified within the last 12 months and the certification label is attached and initialed by the certifier.					
4.2	CFH is not overcrowded with equipment, storage containers, etc.					
4.3	CFH work surfaces are clean and free of obvious chemical residue.					
4.4	CFH sash is not propped open with lab equipment and alarm is not muted.					
4.5	Tubes, hoses, and cables are routed through transfer/access ports or other openings that will not inhibit proper sash closer and operation.					
4.6	Vented storage areas under the CFH are free of spilled chemicals. The walls in the vented storage areas under the CFH are intact.					
General Chemical Storage						
4.7	An inventory listing all chemicals stored in the lab is available.					
4.8	Chemical containers are in good condition. For example, lids are not cracked and crystals are not forming on the inside or outside of the container.					
4.9	Legacy/obsolete chemicals (inherited, unused for 10+ years, or off spec) are collected and given to SRM for disposal.					
4.10	All chemical containers (including stock bottles, solutions, and beakers) are labeled legibly with the full chemical name in English as indicated on the stock bottle.					

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4.11	Chemicals are stored by compatibility (i.e., flammables and oxidizers are separated; acids and bases are separated; mineral and organic acids separated). Common mineral acids are Hydrochloric Acid, Sulfuric Acid, and Phosphoric Acid. Common organic acids are Acetic Acid, Citric Acid, and Formic Acid.					
4.12	Liquid corrosives are stored in a corrosives cabinet and have secondary containment. Examples of secondary containment for liquid corrosives are Nalgene or Polypropylene containers.					
4.13	Flammables are stored in an approved flammable liquids cabinet, or volume outside the cabinet does not exceed 16 L/100 square ft of lab space.					
4.14	Hazardous chemicals are stored on bench tops, shelves or cabinets. If containers of hazardous chemicals are too large to fit safely on shelves, they are stored on the floor in secondary containers and in such a way that they do not pose a trip hazard.					
4.15	Hazardous chemicals are stored in such a way as to prevent release to the environment by being tightly capped at all times except when in use and stored away from the drains.					
4.16	Flammable/volatile liquids are stored in a flammable storage refrigerator when refrigeration required.					
Special Chemical Hazards						
4.17	Written lab procedures are in place for Special Chemical Hazards (highly toxic substances, acetyl cholinesterase inhibitors, pyrophoric compounds, shock sensitive compounds, water reactive compounds, mutagens, teratogens, carcinogens, and unstable compounds).					
4.18	Compounds identified as Special Chemical Hazards are stored securely, in compatibility groups, and handled according to the lab's written procedures.					
4.19	Peroxide-forming chemicals are labeled with the date received and the expiration date. Expired containers of peroxide-forming chemicals are disposed of properly through EHSO immediately.					
4.20	Alternatives to mercury are used, or if mercury-containing device is still in use, it is intact and not leaking. Mercury leaks or spills are reported to SRM immediately.					
4.21	Unused mercury containing devices (thermometers, thermostats, etc.) are disposed of through SRM.					
DEA Controlled Substances						
4.23	Federal DEA Licenses are available.					
4.24	DEA-regulated items are secured in a locked container.					

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4.25	Lab maintains proper recordkeeping of DEA controlled substances (including stock, usage, and disposal.					
Compressed Gas Cylinders						
4.26	Compressed Gas Cylinders are: - Tagged as "empty" or "full" when not in use - Labeled as to their contents - Stored upright and secured to a stationary surface by a chain link or strap that is approximately two thirds up the cylinder. - Capped when not in use and have a pressure regulator when in use.					
4.27	Lecture bottles have been replaced with appropriate gas cylinders.					
Chemical Waste						
4.28	The final destination for chemical waste (including non-DEA controlled pharmaceutical waste) is SRM. Chemicals are not poured down the drain or discarded in regular or biohazard waste.					
4.29	All chemical waste is stored in SRM provided chemical waste containers with completed SRM Chemical Waste Labels.					
4.30	Chemical wastes are compatible with their containers and are stored by compatibility (i.e., acid waste is not stored with alkaline waste).					
4.31	All chemical waste containers are securely closed except when in use.					
4.32	All empty non-P-listed chemical containers are triple rinsed (disposed of down the drain), labels defaced, and caps removed prior to disposal via regular trash or recycling.					
4.33	All empty P-listed chemical containers are given to SRM for disposal.					
5.0 Personal Protective Equipment						
5.1	PPE Assessment has been completed, signed by all lab personnel, and maintained in the Lab Safety Binder.					
5.2	Gloves are worn and are appropriate for the hazards being used.					
5.3	Alternatives to latex gloves are available.					
5.4	Personnel change gloves when their gloves become containment, glove integrity is compromised, or when otherwise necessary.					
5.5	Personnel remove gloves before leaving the lab.					
5.6	Personnel do not wash or reuse disposable gloves.					
5.7	Gloves and other disposable PPE (such as gowns and masks) are disposed with other contaminated waste.					

#	Item	Yes	No	CTI	N/A	Comments
5.8	Safety glasses with side protection meeting ANSI Z87.1 are available in the lab and are worn while research is being performed. Normal prescription glasses and contact lenses are not considered eye protection.					
5.9	Safety goggles are available in the lab and worn in place of safety glasses when there is potential for splashes or spatters of infectious or other hazardous materials. For instance, when pouring chemicals, disinfecting work surfaces, etc.					
5.10	Face shields are available in the lab and used when additional face and neck protection is required. They are worn in conjunction with eye protection.					
5.11	Eye and face protection is disposed of with other contaminated lab waste or decontaminated before reuse.					
5.12	Lab coats and other appropriate protective clothing (i.e., shoe covers and gowns) are available in the lab and are worn while conducting laboratory experiments.					
5.13	Closed toed shoes and long pants are worn at all times when inside the lab.					
5.14	Hearing protection is worn when working in loud areas.					
5.15	If personnel are wearing hearing protection, lab has requested noise monitoring from SRM.					
5.16	If required by SRM based on a risk assessment, respiratory protection is available in the lab and worn. Reusable respirators are regularly cleaned, disinfected, inspected, and stored appropriately. Medical clearance, fit testing, and training for respirator use is renewed annually.					
6.0 Emergency						
Emergency Procedures						
6.1	Personnel in the lab know how to formally report accidents and injuries to SRM after first aid/medical care has been received.					
6.2	All personnel know to dial (406-994-2121) in the event of an emergency.					
6.3	Spills and accidents involving recombinant/synthetic nucleic acid molecules are immediately reported to the Biosafety Officer so that ORC can report the incident to the NIH.					
Emergency Equipment						
6.4	The eyewash in the lab is tested and documented at least monthly.					
6.5	Double ocular and single ocular eyewashes have protective caps in place.					
6.6	Eyewash and safety shower are available and free of obstruction.					

