

**TEMPLE UNIVERSITY-ENVIRONMENTAL HEALTH & SAFETY (EHS)
BIOLOGICAL SAFETY INSPECTION**

PI: _____ PHONE#: _____ DEPT: _____ DATE : _____

BLDG: _____ FLOOR : _____ ROOM#: _____ INSPECTED BY : _____

Name of Biological agent(s):

Agent: _____ Amount: _____ Type of hood needed: _____

Agent: _____ Amount: _____ Type of hood needed: _____

Agent: _____ Amount: _____ Type of hood needed: _____

GENERAL SAFETY	Compliance	Comments	date of corrective action
	Y N (points)		
Warning and safety signs 1. Biohazard-warning signs is posted 2. "No eating and drinking" is posted 3. Emergency procedure notification (police, Fire, EHS and PI) is posted 4. Sign is posted that no visitor is allowed without proper escort	< > < > < > < > < > < > < > < >		
Safety and Safety Devices 1. Personal Protective Equipment(PPE), accessible and stored in sanitary condition 2. Written SOP is available for the work being performed 3. Appropriate biological safety cabinets is in use, working, annually certified 4. All areas, equip (centrifuge, rotors, etc.) appropriately cleaned and deconned 5. Biological agent is secured 6. Biological agent inventory form is available and is used 7. Laboratory is secured 8. Emergency eyewash is in the lab, unobstructed, tested weekly and annually 9. Emergency shower is accessible, unobstructed, tested weekly and annually 10. Compressed gas cylinders are secured, capped and has the chemical name. 11. Fire extinguisher present, and fully charged 11. First Aid kit available stocked and labeled 12. Room lighting is adequate 13. Access to the lab is limited when experiments are in progress 14. Lab free from clutter and/or tripping hazards and/or generally clean 15. Walkways & doors unobstructed	< > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < >		
Personnel 1-Working individuals are wearing proper PPE (lab coat, gloves, glasses, face shield, etc) 2-No individual is eating or drinking and food or drink are not stored 3-No individual is wearing shorts or open-toed shoes 4-There is no mouth pipetting 5-Attended the EHS required training (HAZ ID & Com, biological) 6. Had been trained by the supervisor in hazards related to their operation 7-Competency of personnel, personnel have understanding: Name: _____ in emergency response procedure in use of safety devices in proper waste disposal in hazards associated with the agent in use Other: _____	< > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < > < >		
Biological waste 1. Autoclaves are periodically validated for decontamination efficiency 2. Waste are stored in proper labeled container 3. Sharp are stored in proper container, lid closed and secured 4. Containers' lid are closed and not over packed 5. Storage area is clean 6. Only autoclaved wastes are in regular trash container	< > < > < > < > < > < > < > < > < > < > < > < >		
FOLLOW-ACTIONS <input type="checkbox"/> PI received a copy of this survey on _____ <input type="checkbox"/> Lab personnel verbally notified. <input type="checkbox"/> PI verbally notified <input type="checkbox"/> A violation letter was issued on _____ <input type="checkbox"/> Corrective Action received. <input type="checkbox"/> Any repeated violation <input type="checkbox"/> Other _____	Total violation points: No repeated violations _____ 1 st repeated violations (points X 2) _____ 2 nd repeated violation (points X 4) _____ Date reported to IBC: _____		