

**LABORATORY SELF-INSPECTION FORM –
GREENHOUSE FACILITIES, USDA/APHIS CONTAINMENT, ARTHROPOD CONTAINMENT**

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), Centers for Disease Control and Prevention (CDC), Department of Transportation (DOT), International Air Transportation Association (IATA), and Georgia Department of Natural Resources (GADNR) requirements and regulations.
- All forms and guidelines are available on the EHSO website: www.ehso.emory.edu.

Instructions:

- Ensure you are using the correct inspection form (see yellow table below).
- 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 the Lab Safety Binder.
- Complete a Corrective Action Plan (CAP) Form for each lab space, including cold, tissue culture, and equipment room.
- Upload the CAP Form to [BioRaft](#)

IF YOU WORK...	COMPLETE SECTIONS
In a Greenhouse or Plant Containment Facility <i>This includes actual greenhouse rooms or compartments for growing plants, immediate hallways and head house areas.</i>	A & B
With USDA/APHIS Regulated Material	A & C
With Arthropods	A & D

#	Item	Yes	No	CTI	N/A	Comments
SECTION A: GENERAL INSPECTION						
1.0 GENERAL SAFETY						
Administrative Controls						
1.1	The external lab doors are posted with EHSO 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 EHSO training courses.					
1.3	Personnel have read and signed the monthly Lab Rat Newsletter, which is kept in the Lab Safety Binder (maintain for up to 3 years).					
1.4	Personnel have received annual fire extinguisher training by either: (1) reading and signing the Annual October Edition of the Lab Rat Newsletter or (2) attending hands-on training from the Emory Fire Safety Office.					
1.5	Volunteers working in the lab have completed and submitted the EHSO Registration Form for Volunteers and have completed appropriate trainings.					
1.6	Minors working in the lab have completed and submitted the EHSO Registration Form for Minors and have completed Lab Safety Awareness Training.					
Housekeeping/Work Practices						

**LABORATORY SELF-INSPECTION FORM –
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#	Item	Yes	No	CTI	N/A	Comments
1.7	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					
1.8	Aerosol cans are stored away from heat and ignition sources.					
1.9	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.					
1.10	Persons wash their hands after working with potentially hazardous materials and before leaving the lab.					
1.11	Sinks are free of foreign objects that could cause drain stoppage.					
1.12	No water-reactive compounds are stored under sinks, except for cleaning products (i.e., 70% ethanol, bleach, dishwashing detergent).					
1.13	Food/drink/cosmetics/lotions are not present in the lab.					
1.14	Lab is free from trip hazards (examples: equipment on floor, cardboard boxes, electrical cords, etc.).					
1.15	Hazardous reagents and samples are labeled and stored upright in appropriate containers in refrigerators and freezers.					
1.16	Lab doors are self-closing and have locks in accordance with the institutional policies. Lab doors are not propped open.					
1.17	Animal and plants not associated with the work being performed are not present in the lab.					
1.18	Airflow is negative to the corridor. To test: Crack open an exterior door and hold a Kimwipe or paper towel to the door. If the air blows the wipe towards the inside of the lab, then the airflow is negative. If it blows the Kimwipe outside of the lab, the airflow is positive.					
1.19	Electrical cords are appropriate for the equipment and are grounded with no 3-pin to 2-pin adapters; they are not damaged or frayed. Electrical outlets are not overloaded.					
Sharps						
1.20	Unprotected sharps are not present in the lab (examples: razor blades, scalpels, needles, Pasteur pipettes).					
1.21	Needles are not bent, sheared, broken, recapped, removed from disposable syringes, or otherwise manipulated by hand before disposal.					
1.22	Reusable sharps are placed in a hard walled container for transport to a processing area for decontamination, preferably by autoclaving.					
1.23	Disposable sharps are disposed of in a sharps disposal container and the containers are no greater than ¾ full. The sharps container lid is either kept shut or designed to prevent the contents from spilling.					
1.24	Broken glass containers with plastic liners are available and the containers are no greater than ¾ full.					
2.0 CHEMICAL SAFETY						
Engineering Controls						
2.1	All Chemical Fume Hoods (CFHs) have been certified by EHSO within the last 12 months and the certification label is attached and initialed by the certifier.					
2.2	CFH is not overcrowded with equipment, storage containers, etc.					
2.3	CFH work surfaces are clean and free of obvious chemical residue.					
2.4	CFH sash is not propped open with lab equipment and alarm is not muted.					
2.5	Tubes, hoses, and cables are routed through transfer/access ports or					

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	other openings that will not inhibit proper sash closer and operation.					
2.6	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						
2.7	An inventory listing all chemicals stored in the lab is available.					
2.8	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.					
2.9	Legacy / obsolete chemicals (inherited, unused for 10+ years, or off spec) are collected and given to EHSO for disposal.					
2.10	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 (Example: Ethyl alcohol - not ETOH). The label also contains the specific hazard (Example: Ethanol - flammable).					
2.11	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.					
2.12	Liquid corrosives are stored in a corrosives cabinet and have secondary containment. Examples of secondary containment for liquid corrosives are Nalgene or Polypropylene containers.					
2.13	Flammables stored are in an approved flammable liquids cabinet, or volume outside the cabinet does not exceed 16 L/100 ft ² of lab space.					
2.14	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.					
2.15	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 drains.					
2.16	Flammable/volatile liquids are stored in a flammable storage refrigerator when refrigeration required.					
Special Chemical Hazards						
2.17	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).					
2.18	Compounds identified as Special Chemical Hazards are stored securely, in compatibility groups, and handled according to the lab's written procedures.					
2.19	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.					
2.20	Lab personnel working with Formaldehyde have completed the Formaldehyde Evaluation Form from EHSO.					
2.21	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 EHSO immediately.					
2.22	Unused mercury containing devices (thermometers, thermostats, etc.) are disposed of through EHSO.					
DEA Controlled Substances						
2.23	Federal DEA and State Georgia Board of Pharmacy Licenses are					

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	available.					
2.24	DEA-regulated items are secured in a locked container.					
2.25	Lab maintains proper recordkeeping of DEA controlled substances (including stock, usage, and disposal).					
2.26	Expired or unwanted controlled substances are disposed of during the annual Day of Destruction coordinated with the DEA and sponsored by EHSO.					
Compressed Gas Cylinders						
2.27	Compressed Gas Cylinders are... <ul style="list-style-type: none"> • 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 					
2.28	Lecture bottles have been replaced with appropriate gas cylinders.					
Chemical Waste						
<i>Note: For more details regarding this section, review the Chemical Waste Disposal in Laboratories document at http://www.ehso.emory.edu/waste/</i>						
2.29	The final destination for chemical waste (including non-DEA controlled pharmaceutical waste) is EHSO. Chemicals are not poured down the drain or discarded in regular or biohazard waste.					
2.30	All chemical waste is stored in EHSO provided chemical waste containers with completed EHSO Chemical Waste Labels.					
2.31	Chemical wastes are compatible with their containers and are stored by compatibility (i.e., acid waste is not stored with alkaline waste).					
2.32	All chemical waste containers are securely closed except when in use.					
2.33	All empty non-P-listed chemical containers are triple rinsed (rinsate disposed of down the drain), labels defaced, and caps removed prior to disposal via regular trash or recycling.					
2.34	All empty P-listed chemical containers are given to EHSO for disposal.					
3.0	BIOLOGICAL SAFETY Does your lab work with biological material? <input type="checkbox"/> Yes <input type="checkbox"/> No – Skip Section 3.0 and go to Section 4.0					
Administrative Controls						
3.1	Lab has current and accurate Biosafety Protocol approval for all research activities involving biohazard materials.					
3.2	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 need.					
3.3	Labs that process clinical samples from humans and provide information for the diagnosis, prevention, and/or treatment of any disease for the purpose of a health assessment possess a CLIA certificate.					
3.4	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 (i.e., shipping declarations, airway bill), prepare packages for couriers, purchase packaging materials, and/or transport packages to pick-up/drop-off location).					
3.5	A copy of the signed Shipping Training certificate(s) is stored in the					

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	Lab Safety Binder. In the event that the lab is visited by a Department of Transportation or Federal Aviation Administration Inspector, they will request these as forms of training documentation.					
Engineering Controls						
3.6	All active Biological Safety Cabinets (BSCs) have been certified within the last 12 months by an Emory approved vendor, and the certification label is attached and initialed by the certifier.					
3.7	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.					
3.8	Bunsen burners and/or open flames are not used in the BSC. Flammable gas is not used or connected to the BSC gas lines (example: natural gas).					
3.9	Intake and rear grilles are clear of obstructions.					
3.10	No items are stored on top of the BSC.					
3.11	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.					
3.12	All active laminar flow hoods/clean benches have been certified within the last 12 months by an Emory approved vendor and the certification label is attached and initialed by the certifier. 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.					
3.13	Laminar flow hoods/clean benches are not used for work with biohazard material or other hazardous material.					
General Biosafety						
3.14	All procedures involving the manipulation of infectious materials that may generate aerosols are conducted within a BSC or other physical containment devices.					
3.15	Lab equipment and containers used to store or manipulate biohazard materials are labeled with biohazard labels where appropriate (i.e., refrigerators, incubators, centrifuges).					
3.16	Secondary containment (i.e., centrifuge safety caps, buckets, sealed rotors) is available and used when centrifuging biohazard samples.					
3.17	Centrifuges have door interlocks (mechanism to keep lid closed during operation).					
3.18	Lab has adequately stocked biological spill kit in the lab area.					
3.19	Mechanical pipetting devices are used. Mouth pipetting is prohibited.					
3.20	Biological and biohazard samples are placed in a durable, leak proof container during collection, handling, processing, storage, or transport within a facility.					
Biological Waste						
3.21	All biohazard waste is collected for decontamination prior to disposal. Examples of biohazard waste include: rDNA, cultures, plates, transgenic animals/plants/arthropods, and sharps.					
3.22	Untreated biohazard waste is not poured down the drain, discarded in the regular trash, or mixed with chemical waste.					
3.23	Vacuum lines are protected with liquid disinfectant traps, and traps are labeled as biohazard waste (with either the text or a biohazard label).					
3.24	Solid, non-sharps biological waste is collected in a durable, leak-proof biological waste container (i.e., Stericycle box, trash can) that is lined with a plastic bag. Biological waste container and plastic					

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	bag are both labeled with the biohazard symbol and the word "Biohazard."					
3.25	Biohazard waste containers are closed except when adding waste.					
3.26	Biohazard waste is sent for disposal through Stericycle. Stericycle boxes are packed, sealed, and stored properly outside the lab on the day of pick-up.					
3.27	Infectious Waste Manifests from Stericycle are maintained for documentation and tracking. The Department of Transportation can come for unannounced inspections and verify these manifests for the previous three years.					
4.0	RADIATION SAFETY					
	Does your lab work with radiological material?? <input type="checkbox"/> Yes <input type="checkbox"/> No – Skip Section 4.0 and go to Section 5.0					
	Administrative Controls					
4.1	Lab has current authorization for ordering, working with, and/or storing radioactive materials.					
4.2	If lab has received an annual letter indicating inactive status, the lab does not have any radioactive materials (RAM) or RAM waste in the lab.					
4.3	Radioisotopes in use are listed on authorization permit.					
4.4	Personnel working with radioactive materials are identified on PI's authorization permit.					
4.5	All personnel listed on the radiation safety permit are up-to-date on their EHSO required Radiation Safety Training.					
4.6	The EHS Assist database reflects current inventory of radioactive materials stock vials, including record of volumes withdrawn from each stock vial.					
4.7	The EHS Assist database reflects current inventory of radioactive waste containers, including record of activity discarded into each waste container.					
4.8	Personnel know where to access their EHSO provided Radiation Safety Binder. Contamination surveys from previous three years are accessible for an unscheduled inspection.					
4.9	Area Geiger meter surveys and wipe tests are performed during the work weeks that radioactive materials are used.					
4.10	Documentation of Geiger meter surveys includes the Geiger meter's model, serial number and calibration due date, date of the survey, and the initials of the person who performed the survey. The results are recorded in units of mR/hr and include a background reading.					
4.11	Documentation of wipe tests include a list or map of areas surveyed, model and manufacturer of counter used, date of test, and the initials of the individual who performed the test. The results are either recorded in units of dpm or in cpm with counter efficiency and include a background reading.					
4.12	If removable contamination is found, lab attempts decontamination of contaminated areas. Lab repeats the contamination survey and documents the clean-up effort.					
4.13	Acquisition of radioactive materials has not occurred without prior approval from EHSO. Radioactive shipments are either ordered through Emory Express and delivered by EHSO, or labs complete and submit the Non-Emory Express RAM Acquisition Form to receive approval for any other type of acquisition (i.e. transferring radioactive materials between institutions or PI's, receiving direct shipments).					
4.14	No unauthorized removal of radioactive material from a facility has					

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	occurred. All transport of radioactive materials between facilities is conducted by EHSO.					
4.15	“Caution Radioactive Materials” and “Restricted Area” signs are posted at the lab entrance and on the lab bench/areas/equipment where radioactive material is used.					
General Radiation Safety						
4.16	Use and storage of radioactive materials takes place in the authorized area.					
4.17	Shielding is present and appropriate for type of radiation. Shielding reduces dose rate to 2 mR/hr or less at 30 cm from source or surface.					
4.18	CFH or glove box is used as required under permit conditions.					
4.19	Geiger meters have been calibrated within last year and are in good operating condition or marked out of service by EHSO.					
4.20	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).					
4.21	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						
4.22	The final destination for radioactive waste is EHSO.					
4.23	All radioactive waste is stored in EHSO provided radioactive waste containers.					
4.24	Radioactive waste is segregated by isotope and waste type (Dry, Liquid, or Liquid Scintillation Vial).					
4.25	Radioactive waste containers are labeled with a provided EHSO Radioactive Waste Label complete with PI's name, isotope, and EHS Assist Container number.					
4.26	All radioactive trefoils on vials or other containers are defaced prior to disposal into the radioactive waste container.					
4.27	Radioactive waste is properly prepared for pick-up.					
4.28	Radioactive waste is not disposed of via sewer without authorization and documentation. Sewer disposal is not in excess of authorized limits.					
4.29	Labels (e.g., white I, yellow II) on shipping boxes used for receiving radioactive materials are defaced prior to disposal through housekeeping.					
Dosimetry						
4.30	Personal dosimetry badges and control badges are stored away from radioactive materials.					
4.31	Personnel wear badges properly when handling radioactive material.					
4.32	Labs contact EHSO to be issued an air sampler prior to conducting an experiment with 1mCi or more of Iodine.					
4.33	Personnel conducting experiments with 1 mCi or more of I-125 or I-131 or more than 8 mCi of H-3 in past year have contacted EHSO to schedule a bioassay.					
4.34	Personnel radioactive exposure records are stored in the lab's Radiation Safety Binder.					
5.0	LASER SAFETY					
	Does your lab work with lasers? <input type="checkbox"/> Yes <input type="checkbox"/> No – Skip Section 5.0 and go to Section 6.0					

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Administrative Controls						
5.1	All laser operators (including operators of confocal microscopes) have been trained on the SOPs specific to the operation of the laser equipment in the lab.					
5.2	The presence of Class 3B and Class 4 lasers is indicated on the external lab signage.					
5.3	A laser “warning” indicator (i.e. flashing lights, signs, etc.) is visible outside of the lab when the laser(s) is in use.					
5.4	All Class 3B and Class 4 lasers have been registered with EHSO and tagged with a laser inventory tag from EHSO.					
5.5	A current laser device inventory for all Class 3B and Class 4 lasers used in the lab(s) is available.					
5.6	Written SOPs are available for the operation of Class 3B and Class 4 lasers.					
Work Practices/Engineering Controls						
5.7	Lasers in the work area are securely mounted on a sturdy surface at a level above or below eye level (not at eye level).					
5.8	Work surfaces where lasers are positioned are kept free of water and/or moisture.					
5.9	Doors to the laser work areas are closed and locked when the lab is vacant to prevent unauthorized entry.					
5.10	Windows (and viewing windows built into doors) are completely covered with dark, non-penetrable materials.					
5.11	Reflective surfaces (hanging mirrors, jewelry, etc.) are not present in the laser work area.					
5.12	Point source ventilation/local exhaust is available.					
5.13	All laser devices are equipped with a protective housing.					
5.14	All laser devices have interlock systems that can be activated in the event the protective housing is removed.					
5.15	Shutters and filters on laser equipment are used (if available) to minimize laser radiation levels.					
5.16	Laser beam paths are enclosed, if feasible.					
5.17	Remote operation is available and used (Class 4 lasers) when enclosure of the beam(s) is not feasible.					
5.18	The operational key switch is removed or the computer is locked with a password (when lab is vacant) to prevent unauthorized use of laser equipment.					
5.19	Beam stops or beam dumps are used to terminate the path of the beam(s).					
5.20	The laser is equipped with a clearly visible "power-on" indicator.					
5.21	All laser equipment is well grounded.					
5.22	Electrical safety devices are available and used (circuit breakers, ground fault circuit interrupters, etc.).					
5.23	All laser equipment is de-energized during servicing or repair.					
5.24	All laser operators wear laser eye protection equipped with side shield (appropriate for the wavelength and optical density) in the presence of open laser beam paths (laser radiation is accessible). Each pair of laser eye protection is labeled (from the manufacturer) with the optical density and wavelength for which protection is provided.					
5.25	Each pair of eye protection is stored in individual protective cases and inspected periodically for cracks, scratches, and breaks. Damaged eye protection is discontinued from use and discarded or replaced. Each pair of eye protection is cleaned, when necessary, using only mild soap and water (solvents can damage the filters).					

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5.26	Tightly woven fabrics or other protective clothing (lab coats) are worn during operation of laser equipment (UV lasers).					
5.27	Flame retardant clothing is worn (as necessary) while using high powered Class 4 lasers.					
6.0	PERSONAL PROTECTIVE EQUIPMENT					
6.1	PPE Assessment has been completed, signed by all lab personnel, and maintained in the Lab Safety Binder.					
6.2	Gloves are worn and are appropriate for the hazards being used.					
6.3	Alternatives to latex gloves are available.					
6.4	Personnel change gloves when their gloves become contaminated, glove integrity is compromised, or when otherwise necessary.					
6.5	Personnel remove gloves before leaving the lab.					
6.6	Personnel do not wash or reuse disposable gloves.					
6.7	Gloves and other disposable PPE (such as gowns and masks) are disposed with other contaminated waste.					
6.8	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.					
6.9	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.					
6.10	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.					
6.11	Eye and face protection is disposed of with other contaminated lab waste or decontaminated before reuse.					
6.12	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.					
6.13	Closed toed shoes and long pants or skirts are worn at all times when inside the lab.					
6.14	Hearing protection is worn when working in loud areas.					
6.15	If personnel are wearing hearing protection, lab has requested noise monitoring from EHSO.					
6.16	If required by EHSO based on a risk assessment, respiratory protection (i.e., N95, cartridge respirator, PAPR) 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.					
6.17	If personnel are wearing respirators voluntarily, they have read and signed "Information for Employees Using Respirators When Not Required Under Standard", Appendix D.					
6.18	Lab coats are laundered by an Emory approved vendor. They are not cleaned inside the lab, at home or at a commercial laundry mat or dry cleaner.					
7.0	EMERGENCY					
	Fire Safety					
7.1	A visual inspection of each fire extinguisher inside the lab is conducted by lab personnel and documented on the card attached to the fire extinguisher monthly.					
7.2	Personnel know where the fire extinguisher is located and it is not obstructed.					

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7.3	There is no storage within 18” of the ceiling such that the spray from the sprinkler head is not obstructed when activated.					
7.4	Exits, aisles, and hallways inside of the lab are free of obstructions so that there is a route of egress from the lab at least a 36” wide.					
7.5	Labs know where the evacuation routes are posted and are familiar with evocation procedures.					
Emergency Procedures						
7.6	Personnel in the lab know how to formally report accidents and injuries in PeopleSoft after first aid/medical care has been received.					
7.7	All personnel know to dial Emory Police (404-727-6111) in the event of an emergency.					
7.8	Spills and accidents involving recombinant/synthetic nucleic acid molecules are immediately reported to the Biosafety Officer so that EHSO can report the incident to the NIH.					
Emergency Equipment						
7.9	The eyewash in the lab is tested and documented at least monthly. For supplemental eyewash bottles, this means contacting EHSO to replace expired bottles of solution.					
7.10	Double ocular and single ocular eyewashes have protective caps in place.					
7.11	Eyewash and safety shower are available and free of obstruction.					
<p>SECTION B: GREENHOUSE & PLANT CONTAINMENT FACILITIES ☞ Complete this section - along with Section A - if you work in a greenhouse facility. <i>Plant Containment Level Descriptions: Because plant research usually does not pose a human health hazard, biosafety principles are designed instead to protect the natural and agricultural environment.</i> BL1-P: Experiments involving transgenic plants, where if released they would pose no environmental risk. Also includes experiments involving plants infected with BSL-1 organisms. BL2-P: Experiments involving transgenic plants, where if released they would be viable in the surrounding environment and capable of causing a negligible impact or could be readily managed. Also includes experiments involving plants infected with BLS-2 organisms.</p>						
8.0	PRACTICES					
General Greenhouse, BL1-P & BL2-P						
8.1	Facility-specific training is performed annually for all personnel, and documentation is stored in the Lab Safety Binder.					
8.2	Personnel cover open wounds prior to working with soil.					
8.3	Access to the facility is limited while experiments are in progress.					
8.4	There is a record of all greenhouse experiments in process, including experimental plants, microorganisms, and small animals that are brought into and removed from the greenhouse facility.					
8.5	All organisms are decontaminated and inactivated prior to disposal outside of greenhouse according to facility SOP.					
8.6	A written program is in place to control unwanted species (seeds, insects, etc). This is documented in Lab Safety Binder.					
8.7	Motile organisms are housed in appropriate cages. When released, precautions are taken to minimize escape from the greenhouse.					
BL2-P						
8.8	PI reports any greenhouse accident involving an inadvertent release or spill of microorganisms to the greenhouse director and EHSO.					
8.9	If part of the greenhouse is composed of gravel, gravel is periodically treated to decontaminate organisms that may be trapped in it.					
8.10	A sign is posted indicating that a restricted experiment is in progress, the name of the responsible individual, plants in use, and any special requirements for the area.					

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GREENHOUSE FACILITIES, USDA/APHIS CONTAINMENT, ARTHROPOD CONTAINMENT**

#	Item	Yes	No	CTI	N/A	Comments
8.11	If organisms are used that have a recognized potential for causing serious detrimental impacts on managed or natural ecosystems, their presence is indicated on the access doors (ex: agricultural pests).					
8.12	If there is a risk to human health, signage displays the universal biohazard symbol.					
8.13	A greenhouse SOP advising personnel of the potential consequences if practices are not followed and containing a contingency plan for accidental release is available.					
9.0	FACILITIES					
General Greenhouse, BL1-P & BL2-P						
9.1	Flats and other plant containers are in good condition.					
9.2	Aisles are free of gravel and debris.					
9.3	Walks are treated to control algal scum.					
9.4	Windows and other openings in the walls/roof are open for ventilation as needed.					
BL1-P						
9.5	Floor is composed of gravel or other porous material. At minimum, impervious walkways are present.					
BL2-P						
9.6	Floor is composed of an impervious material. Gravel under benches and soil beds is appropriate unless propagules of experimental organisms are easily disseminated through soil.					
9.7	Screens are present in all windows that open in order to exclude small flying animals from entering the facility.					
9.8	An autoclave is available to treat contaminated material.					
9.9	Intake fans function to minimize the entry of arthropods (ex: screens).					
SECTION C: USDA/APHIS CONTAINMENT FACILITIES ☞ Complete this section - along with Section A - if you work with USDA/APHIS regulated material.						
10.0	ADMINISTRATIVE REQUIREMENTS					
10.1	All USDA/APHIS agents are registered with EHSO using the <i>USDA/APHIS Agents – Registration Form</i> . An updated form has been submitted within the past year.					
10.2	Copies of USDA/APHIS permits have been submitted to EHSO within the past year.					
10.3	Lab adheres to specifications on permit(s).					
11.0	FACILITY DESIGN STANDARDS					
11.1	Facility is in an area with minimal human, agricultural, and environmental risk.					
11.2	Facility floor plan prevents the escape of organisms while allowing secure entry/exit of personnel.					
11.3	Walls, ceilings, benches, tables, furniture, and floors are impenetrable to enclosed organisms and can withstand cleaning and decontamination.					
11.4	Windows are impenetrable to enclosed organisms.					
11.5	Doors contribute to the security of the facility. They are self-closing, exterior doors lock, and emergency exit doors say “USDA APHIS Containment Facility- Emergency Exit Only” and lock from the outside.					
11.6	Equipment is used to sterilize or decontaminate solid waste, and/or contaminated or infested articles before it is removed from the facility.					
11.7	HVAC system prevents organism escape by utilizing negative pressure.					

**LABORATORY SELF-INSPECTION FORM –
GREENHOUSE FACILITIES, USDA/APHIS CONTAINMENT, ARTHROPOD CONTAINMENT**

#	Item	Yes	No	CTI	N/A	Comments
11.8	The electrical system maintains containment during emergency and normal conditions and is impenetrable to enclosed organisms.					
11.9	Vacuum system prevents the escape of enclosed organisms (ex: screen covers).					
11.10	Communication system allows for communication inside and outside the facility (ex: telephones, internet).					
11.11	Plumbing systems are designed to contain organisms and remove liquid wastes (ex: screens in drains).					
12.0	OPERATIONAL PERFORMANCE STANDARDS					
12.1	The containment officer/director is responsible for the daily operation of the facility and its physical and operational integrity.					
12.2	The containment officer/director maintains facility SOPs (concerning organism escape, emergency response, visitor access), trains personnel on the facility SOPs, maintains facility maintenance records, lists of emergency contacts, regulated plant species, authorized personnel, and USDA/APHIS regulated shipments.					
12.3	Personnel wear, handle, and sterilize personal apparel to minimize the risk of organism escape. Unnecessary street clothes are removed, and lab coat and shoe coverings are autoclaved after use. Personnel follow PPE requirements on permit.					
12.4	Personnel clean and disinfect the interior of the facility and its equipment regularly.					
12.5	Personnel open and handle packages of permitted organisms to prevent release by establishing an area to receive packages and autoclaving packaging materials.					

SECTION D: ARTHROPOD CONTAINMENT FACILITIES

➤ Complete this section - along with Section A - if you work with arthropods.

Arthropod Containment Level Descriptions:

ACL-1: Work with arthropods that are uninfected or infected with a non-pathogen.

ACL-2: Work with arthropods that are infected with BSL-2 organisms or uninfected arthropods that are genetically modified arthropod vectors.

ACL-3: Work with arthropods that are infected with BSL-3 organisms. Currently none at Emory University.

13.0	LABORATORY CONTAINMENT REQUIREMENTS					
ACL-1 & ACL-2						
13.1	Lab signage states the arthropod containment level (ACL-1 or ACL-2) and the names of arthropods present in the laboratory.					
13.2	White laboratory gowns/coats are worn in the lab.					
13.3	Primary containers are unbreakable and prevent escape.					
13.4	Plastic ware is substituted for glassware whenever possible.					
13.5	Procedures are in place to ensure that arthropods do not escape during blood feeding.					
13.6	Sterile blood is used for blood feeding.					
13.7	All containers are labeled with the species, strain, origin, date of collection as feasible.					
13.8	Arthropods are transported in sealed, non-breakable containers. In the event of an accidental release, the PI & EHSO are notified immediately.					
ACL-1						
13.9	Arthropods are located in areas away from general traffic.					
13.10	Doors and windows are designed to prevent the arthropod escape.					
13.11	Use of furniture, shelving, and supply storage is minimal to prevent arthropod harboring.					
13.12	Lab takes precautions to make sure that arthropods are not accidentally dispersed on people or down drains.					

**LABORATORY SELF-INSPECTION FORM –
GREENHOUSE FACILITIES, USDA/APHIS CONTAINMENT, ARTHROPOD CONTAINMENT**

#	Item	Yes	No	CTI	N/A	Comments
13.13	A written trapping program is in place, and escaped arthropods are killed and disposed of appropriately. The written program is stored in the Lab Safety Binder.					
13.14	All arthropods are killed before disposal by hot water or freezing.					
13.15	Primary containers are cleaned using heat or freezing.					
ACL-2						
13.16	Lab signage states “authorized personnel”.					
13.17	Facility is separated from general traffic by at least 2 self-closing doors.					
13.18	Doors to the facility are self-closing.					
13.19	Windows (if present) are sealed and unbreakable.					
13.20	Vacuum systems prevent arthropod escape using filters or other barriers.					
13.21	Walls, ceilings, and floors are light in color and can easily be cleaned.					
13.22	Floor drains (if present) are modified to prevent arthropod escape.					
13.23	Plumbing and electrical systems are imbedded in ceilings/walls to prevent arthropod escape.					
13.24	HVAC system creates an inward, directional airflow with no recirculation of air.					
13.25	Autoclave is available.					
13.26	Infected arthropods are handled in a BSC.					
13.27	Access to the laboratory is restricted to trained individuals and escorted visitors.					
13.28	Open shelves are not present. Cabinets have tight fitting doors that are kept closed.					
13.29	Water sources in equipment are fitted with screens or are chemically treated.					
13.30	Arthropods are housed in dedicated rooms. Uninfected arthropods are housed separately from infected arthropods.					
13.31	Personnel ensure that no viable arthropods are disposed of in sink drains.					
13.32	A written trapping program is in place. This includes oviposition traps, ground-level flea traps, oil-filled channels surrounding tick colonies, and light traps for mosquitoes. Documentation is maintained in the Lab Safety Binder.					
13.33	Escaped arthropods are killed and disposed of properly (not by hand) or returned to container using mechanical devices. Documentation is maintained in Lab Safety Binder.					
13.34	All waste is autoclaved before disposal. Biohazard waste is sent for disposal through Stericycle.					