EMORY UNIVERSITY | Environmental Health and Safety Office
Research Administration

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LABORATORY SELF-INSPECTION FORM

Date of Inspection: _____ **Conducted By:** _____

Building: _____ Room Numbers: _____ 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 (DNR) requirements and regulations.
- All forms and guidelines are available on the EHSO website: www.ehso.emory.edu.

Instructions:

- **Use** the correct inspection form (see yellow table below).
- **Print and Complete** this form manually while inspecting the lab.
- **Note** that CTI stands for corrected at time of inspection.
- **Write** corrective action for each line item marked as "No".
- **Scan and Upload** form into BioRAFT. Email biosafe@emory.edu for assistance.
- **File** the completed Laboratory Self-Inspection Form in the Lab Safety Binder.

IF YOU WORK:	COMPLETE :
In a Biosafety Level 3 Facility	Use the BSL3-Facility Self-Inspection Form
In an Animal Biosafety Level 3 Facility	Use the ABSL-3 Facility Self-Inspection Form
With USDA/APHIS Regulated Material	Use this form in addition to the Arthropod, Greenhouse and USDA Form
With Arthropods	

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
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 have received training regarding workplace hazards, including applicable EHSO training courses.					
1.3	Personnel are subscribed to and have read the monthly Lab Rat Newsletter.					
1.4	Personnel have received annual fire extinguisher training by either: (1) reading 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. They have completed hazard specific safety training including Lab Safety Awareness Training from EHSO as well as any other safety training required by EHSO, IACUC, Department of Animal Resources (DAR) or the Yerkes National Primate Research Center (Yerkes).					
	Housekeeping/ Work Practices					
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.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
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. Cleaning products (i.e., 70% ethanol, bleach, dishwashing detergent) are the only chemicals that should be stored under sinks.					
1.13	Food/drink/cosmetics 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 not propped open. Lab doors are self-closing and have locks in accordance with the institutional policies.					
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.					
1.19	Electrical cords are appropriate and well maintained including: (a) no 3-pin to 2-pin adapters (b) no damage or fraying (c) no overloaded electrical outlets (d) no daisy-chaining of electrical cords (e) no extended use of power strips or extension cords.					
	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 unless in an EHSO-approved procedure and protocol.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
1.22	Reusable sharps (i.e. scalpels, surgical scissors, etc.) 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 within the last 12 months and the certification label is attached and initialed by the certifier.					
2.2	The 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 other openings that will not inhibit proper sash closure 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.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
2.10	All chemical containers (including stock bottles, solutions, and beakers) are labeled legibly with: a) the full chemical name in English as indicated on the stock bottle (Example: Ethanol - not ETOH) b) the specific hazard (Example: Ethanol - flammable).					
2.11	Chemicals are stored by compatibility: a) flammables and oxidizers are separated; b) mineral and organic acids are separated c) bases are stored in a separate cabinet from acids.					
2.12	Liquid corrosives are stored: a) in a corrosives cabinet b) and have secondary containment.					
2.13	Flammables are: a) stored in an approved flammable liquids cabinet, b) or volume stored outside the cabinet does not exceed 16 L/100 ft^2 of lab space.					
2.14	Hazardous chemicals are stored: a) on bench tops, shelves or cabinets. b) 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: a) tightly capped at all times except when in use; b) and stored away from drains and sinks.					
2.16	Flammable or volatile liquids are stored in a flammable storage refrigerator when refrigeration required.					
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: a) stored securely in compatibility groups, separate from general storage b) handled according to the lab's written procedures.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
2.19	Peroxide-forming chemicals are: a) labeled with the date received and the expiration date. b) Expired containers of peroxide-forming chemicals are immediately disposed of properly through EHSO.					
2.20	The PI or his/ her designee for each lab has completed a Lab Formaldehyde Questionnaire. This includes multiple explanations for each procedure using formaldehyde, if necessary.					
2.21	a) Alternatives to mercury are used, or if mercury-containing device is still in use, it is intact and not leaking. b) 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 *Note: For more details regarding this section, review the controlled substances page from the Office of Compliance*					
2.23	Federal DEA and State Georgia Board of Pharmacy Licenses are 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 through an authorized reverse distributor.					
	Compressed Gas Cylinders					
2.27	Compressed Gas Cylinders are: a) Tagged as "empty" or "full" when not in use b) Labeled as to their contents c) Stored upright and secured to a stationary surface by a chain link or strap that is approximately two thirds up the cylinder d) Capped when not in use and have a pressure regulator when in use					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
2.28	Lecture bottles have been replaced with appropriate gas cylinders as appropriate.					
	Chemical Waste					
2.29	a) The final destination for chemical waste (including non-DEA controlled pharmaceutical waste) is EHSO. b) Chemicals are not poured down the drain or discarded in regular trash or biohazard waste.					
2.30	a) All chemical waste is stored either in EHSO provided chemical waste containers with completed EHSO Chemical Waste Labels, b) or in alternative compatible waste containers with completed EHSO Chemical Waste Labels.					
2.31	Chemical wastes are compatible with their containers and are stored by compatibility.					
2.32	All chemical waste containers are stored securely by: a) Being closed except when in use. b) Being in secondary containers when near sinks or drains.					
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? ☐ Yes ☐ 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. The biosafety SOP is reviewed annually and updated as needed.					

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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, 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 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.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
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 cups, buckets, sealed rotors) is available and used when centrifuging biohazard samples.					
3.17	Centrifuges have door interlocks (mechanism to keep lid closed during operation or shut the motor off when the lid is opened).					
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.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
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 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? ☐ Yes ☐ No – *Skip Section 4.0 and go to Section 5.0*					
	All Radioactive Labs					
4.1	Lab has current permit and authorization for ordering, working with, and/or storing radioactive materials.					
4.2	"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.					
	Inactive Labs					
4.3	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.				X	
4.4	Geiger meters have been tagged out of service by EHSO.					
	Active Labs					
4.5	Radioisotopes in use are listed on authorization permit.					
4.6	Personnel working with radioactive materials are identified on PI's authorization permit.					
4.7	All personnel listed on the radiation safety permit are up-to-date on their EHSO required Radiation Safety Training.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
4.8	The EHS Assist database reflects current inventory of radioactive materials stock vials, including record of volumes withdrawn from each stock vial.					
4.9	The EHS Assist database reflects current inventory of radioactive waste containers, including record of activity discarded into each waste container.					
4.10	Personnel know where to access their EHSO provided Radiation Safety Binder. Contamination surveys from previous three years are accessible for unscheduled inspection.					
4.11	Area Geiger meter surveys and swipe tests are performed during the work weeks that radioactive materials are used.					
4.12	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.					
4.13	Documentation of swipe 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.					
4.14	If removable contamination is found, lab attempts decontamination of contaminated areas. Lab repeats the contamination survey and documents the clean-up effort.					
4.15	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).					
4.16	No unauthorized removal of radioactive material from a facility has occurred. All transport of radioactive materials between facilities is conducted by EHSO.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
4.17	"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					
4.18	Use and storage of radioactive materials takes place in the authorized area.					
4.19	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.					
4.20	CFH or glove box is used as required under permit conditions.					
4.21	Geiger meters have been calibrated within last year and are in good operating condition or marked out of service by EHSO.					
4.22	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).					
4.23	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					
4.24	The final destination for radioactive waste is EHSO.					
4.25	All radioactive waste is stored in EHSO provided radioactive waste containers.					
4.26	Radioactive waste is segregated by isotope and waste type (Dry, Liquid, or Liquid Scintillation Vial).					
4.27	Radioactive waste containers are labeled with a provided EHSO Radioactive Waste Label complete with PI's name, isotope, and EHS Assist Container number.					
4.28	All radioactive trefoils on vials or other containers are defaced prior to disposal into the radioactive waste container.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
4.29	Radioactive waste is properly prepared for pick-up.					
4.30	Radioactive waste is not disposed of via sewer without authorization and documentation. Sewer disposal is not in excess of authorized limits.					
4.31	Labels (e.g., white I, yellow II) on shipping boxes used for receiving radioactive materials are defaced prior to disposal through housekeeping.					
	Dosimetry					
4.32	Personal dosimetry badges and control badges are stored away from radioactive materials.					
4.33	Personnel wear badges properly when handling radioactive material.					
4.34	Labs contact EHSO to be issued an air sampler prior to conducting an experiment with 1mCi or more of Iodine.					
4.35	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.					
4.36	Personnel radioactive exposure records are stored in the lab's Radiation Safety Binder.					
5.0	**Laser Safety** Does your lab work with lasers? ☐ Yes ☐ No – *Skip Section 5.0 and go to Section 6.0*					
	Administrative Controls- Class 3B and 4					
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. Written SOPs are available for the operation of: • Class 3B lasers • Class 4 lasers					
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.					
5.5	A current laser device inventory for: • Class 3B • Class 4 lasers					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
	Work Practices and Engineering Controls- Class 3B and 4 (N/A for Class 1 or Class 2 Laser Systems)					
5.6	Lasers in the work area are securely mounted on a sturdy surface at a level above or below eye level (not at eye level).					
5.7	Work surfaces where lasers are positioned are kept free of water and/or moisture.					
5.8	Doors to the laser work areas are closed and locked when the lab is vacant to prevent unauthorized entry.					
5.9	Windows (and viewing windows built into doors) are completely covered with dark, non-penetrable materials.					
5.10	Reflective surfaces (hanging mirrors, jewelry, etc.) are not present in the laser work area.					
5.11	If required by hazard analysis, point source ventilation/local exhaust is available. (Mark N/A if not required)					
5.12	All laser devices are equipped with a protective housing.					
5.13	All laser devices have interlock systems that can be activated in the event the protective housing is removed.					
5.14	Shutters and filters on laser equipment are used (if available) to minimize laser radiation levels.					
5.15	Laser beam paths are enclosed, if feasible. (Mark N/A if not feasible)					
5.16	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.					
5.17	Beam stops or beam dumps are used to terminate the path of the beam(s).					
5.18	The laser is equipped with a clearly visible "power-on" indicator.					
5.19	All laser equipment is well grounded.					
5.20	Electrical safety devices are available and used (circuit breakers, ground fault circuit interrupters, etc.).					
5.21	All laser equipment is de-energized during servicing or repair.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
	Class 4- Additional Controls *(N/A for Class 1 & Class 2 Laser Systems and Class 3B Lasers)*					
5.22	Remote operation is available and used when enclosure of the beam(s) is not feasible.					
5.23	Tightly woven fabrics or other protective clothing (lab coats) are worn during operation of laser equipment (UV lasers).					
5.24	Flame retardant clothing is worn (as necessary) while using high powered Class 4 lasers.					
	PPE for Class 3B and 4 Lasers (N/A for Class 1 & Class 2 Laser Systems)					
5.25	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.					
5.26	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).					
6.0	**Personal Protective Equipment**					
	Documentation					
6.1	Personal Protective Equipment (PPE) Assessment Form (for Research Laboratories) has been completed, signed by all lab personnel, and maintained in the Lab Safety Binder.					
	Gloves					
6.2	Gloves are worn and are appropriate for the associated hazard.					
6.3	There are alternatives to Latex gloves available.					
6.4	Gloves are changed when they become contaminated or ripped.					
6.5	Gloves are removed before leaving the lab.					
6.6	Disposable gloves are not washed or re-used.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
	Eye Protection					
6.7	The lab should have the following eye protection based on the PPE assessment: • Safety Glasses • Safety Goggles • Face Shields					
	Lab Clothing					
6.8	Closed toed shoes and long pants/skirts are worn at all times when inside the lab.					
6.9	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.					
6.10	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.					
	Hearing Protection					
6.11	Hearing protection is worn when working in loud areas.					
6.12	If personnel are wearing hearing protection, lab has requested noise monitoring from EHSO.					
	Respiratory Protection					
6.13	a) If required by EHSO based on a risk assessment, respiratory protection (i.e., N95, cartridge respirator, PAPR) is available in the lab and worn. b) Reusable respirators are regularly cleaned, disinfected, inspected, and stored appropriately. c) Medical clearance, fit testing, and training for respirator use is renewed annually.					
6.14	If personnel are wearing respirators voluntarily, they have read and signed "Information for Employees Using Respirators When Not Required Under Standard", Appendix D.					
	Decontamination and Disposal					
6.15	• Reusable PPE must be decontaminated after each use until it needs to be disposed of. • Disposable PPE must be disposed of after use.					

Item #	Item	Yes	No	CTI	N/A	If "No", Write Proposed Corrective Action(s)
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.					
7.3	There is no storage within an 18" horizontal plane from the ceiling (except along the walls) 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 36" wide.					
7.5	Labs know where the evacuation routes are posted and are familiar with evacuation 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.					