EMORY UNIVERSITY | Environmental Health and Safety Office
Research Administration

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LABORATORY SELF-INSPECTION FORM

Date of Inspection:	
Conducted By:	
Lab Location *(Building + Room Number)*:	
School/Department:	
Principal Investigator:	

Notes:

- Annual Laboratory 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: https://ehso.emory.edu/

Instructions:

- **Use** the correct inspection form (see yellow table below).
- **Print and complete** this form 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** the completed form into **BioRAFT**.
- **Maintain a copy** of the completed Laboratory Self-Inspection Form in the lab's safety documentation.

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	

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Item #	Item	Yes	No	CTI	N/A	If "No" - Write Proposed Corrective Action(s)
1	**General Safety**					
	Administrative Controls					
1.1	The external lab doors are posted with EHSO-provided signage that identifies the hazards present in the lab and displays current emergency contact information.	☐	☐	☐	☐	
1.2	All lab personnel are listed in the lab's BioRAFT profile member roster.	☐	☐	☐	☐	
1.3	All lab personnel have received training regarding workplace hazards including applicable EHSO training courses.	☐	☐	☐	☐	
1.4	Personnel have received annual fire extinguisher training by either: (1) reviewing the resources on the Emory Fire Safety website [Fire Safety Tips, Fire Extinguisher Procedures] or (2) attending hands-on training from the Emory Fire Safety office.	☐	☐	☐	☐	
1.5	Non-Emory Research Affiliates participating in activities in the lab meet the **University Guidelines** for participation, have submitted the EHSO Non-Emory Research Affiliates Registration Form, and have completed appropriate training.	☐	☐	☐	☐	
1.6	All lab personnel know how to access forms, documents, guidelines and Safety Data Sheets on the EHSO website.	☐	☐	☐	☐	
1.7	Lab personnel are aware of the "Just in Time" Guide to Campus Emergencies available on the Emory Office of Critical Event Preparedness and Response (CEPAR) website.	☐	☐	☐	☐	
	Housekeeping / Laboratory Work Practices					
1.8	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	☐	☐	☐	☐	
1.9	Aerosol cans are stored away from heat and ignition sources.	☐	☐	☐	☐	
1.10	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	☐	☐	☐	☐	

Item #	Item	Yes	No	CTI	N/A	If "No" - Write Proposed Corrective Action(s)
	and personnel wash their hands with soap and water afterward at the nearest sink.					
1.11	Individuals wash their hands after working with potentially hazardous materials and before leaving the lab.	☐	☐	☐	☐	
1.12	Sinks are free of foreign objects that could cause drain blockage.	☐	☐	☐	☐	
1.13	No chemicals, including water-reactive compounds, are stored under sinks. Cleaning products (e.g., 70% ethanol, bleach, dishwashing detergent) are the only reagents that should be stored under sinks.	☐	☐	☐	☐	
1.14	Food/drink/cosmetics are not present in the lab.	☐	☐	☐	☐	
1.15	Lab is free from trip hazards (e.g., equipment on floor, cardboard boxes, electrical cords, etc.).	☐	☐	☐	☐	
1.16	Hazardous reagents and samples are labeled and stored upright in appropriate containers in refrigerators and freezers.	☐	☐	☐	☐	
1.17	Lab doors are not propped open. Lab doors are self-closing and have locks in accordance with institutional policies.	☐	☐	☐	☐	
1.18	Lab windows (not fitted with screens) are kept closed and never opened.	☐	☐	☐	☐	
1.19	Animals and plants not associated with the work being performed are not present in the lab.	☐	☐	☐	☐	
1.20	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 or power strips/surge protectors (d) no daisy-chaining of electrical cords or power strips/surge protectors (e) Extension cords are only used to provide temporary electrical service.	☐	☐	☐	☐	
1.21	Lab refrigerators, freezers, and microwaves are labeled "NO FOOD OR DRINK."	☐	☐	☐	☐	
	Sharps					

Item #	Item	Yes	No	CTI	N/A	If "No" - Write Proposed Corrective Action(s)
1.22	**Unprotected** sharps are **not** present in the lab (e.g., razor blades, scalpels, needles, glass Pasteur pipettes).	☐	☐	☐	☐	
1.23	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.	☐	☐	☐	☐	
1.24	Reusable sharps (e.g., scalpels, surgical scissors, etc.) are placed in a hard-walled container for storage and transport to a processing area for decontamination, preferably by autoclaving.	☐	☐	☐	☐	
1.25	Disposable sharps are disposed of in a sharps disposal container and the container is filled no greater than ¾ full (or to the Fill Line, if marked). The sharps container lid is either kept closed or designed to prevent the contents from spilling.	☐	☐	☐	☐	
1.26	Broken glass containers with plastic liners are available and the container is filled no greater than ¾ full.	☐	☐	☐	☐	
2	**Chemical Safety**					
	Engineering Controls					
2.1	Airflow is negative to the corridor.	☐	☐	☐	☐	
2.2	All Chemical Fume Hoods (CFHs) have been performance tested within the last 12 months and the Performance Evaluation label is attached and initialed by the EHSO tester.	☐	☐	☐	☐	
2.3	The CFH is not overcrowded with equipment, storage containers, etc.	☐	☐	☐	☐	
2.4	CFH work surfaces are clean and free of obvious chemical residue or spills.	☐	☐	☐	☐	
2.5	CFH sash is not propped open with lab equipment and the alarm is not muted.	☐	☐	☐	☐	
2.6	Tubes, hoses, and cables are routed through transfer/access ports or other openings that will not inhibit proper sash closure and operation.	☐	☐	☐	☐	
2.7	Vented storage areas under the CFH are free of spilled chemicals. The walls in the vented storage areas under the CFH are intact.	☐	☐	☐	☐	

LABORATORY SELF-INSPECTION FORM

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	General Chemical Storage					
2.8	An inventory listing all chemicals stored in the lab is available.	☐	☐	☐	☐	
2.9	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.	☐	☐	☐	☐	
2.10	Legacy/obsolete chemicals (i.e., inherited, unused for 10+ years, or off-spec) are collected and given to EHSO for disposal.	☐	☐	☐	☐	
2.11	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 (e.g., Ethanol > not ETOH) b) the specific hazard (e.g., Ethanol > flammable).	☐	☐	☐	☐	
2.12	Lab personnel use secondary containment to transport hazardous chemical within/between facilities or buildings.	☐	☐	☐	☐	
2.13	Chemicals are segregated and stored by **hazard class**. Additionally, a) flammables and oxidizers are separated b) mineral and organic acids are separated c) bases are stored in a separate cabinet from acids.	☐	☐	☐	☐	
2.14	Liquid corrosives are stored: a) in a corrosive cabinet b) and have secondary containment.	☐	☐	☐	☐	
2.15	Liquid 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.	☐	☐	☐	☐	
2.16	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.	☐	☐	☐	☐	
2.17	Hazardous chemicals are stored in a manner 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.	☐	☐	☐	☐	

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2.18	Flammable or volatile liquids are stored in a flammable storage refrigerator when refrigeration is required.	☐	☐	☐	☐	
2.19	Written lab procedures (SOPs) are in place for Highly Hazardous Chemicals and Particularly Hazardous Substances (e.g., acutely toxic substances, acetylcholinesterase inhibitors, pyrophoric compounds, shock-sensitive compounds, water reactive compounds, mutagens, teratogens, carcinogens, and unstable compounds).	☐	☐	☐	☐	
2.20	Compounds identified as Highly Hazardous Chemicals or Particularly Hazardous Substances are: a) stored securely in compatibility groups, separate from general chemical storage. b) handled according to the lab's written procedures (SOPs).	☐	☐	☐	☐	
2.21	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.	☐	☐	☐	☐	
2.22	The PI or their designee for each lab working with formaldehyde or a derivative (e.g., formalin, paraformaldehyde, etc.) has completed a Formaldehyde Questionnaire (available on the EHSO website). This includes multiple explanations for each procedure using formaldehyde, if necessary.	☐	☐	☐	☐	
2.23	a) Alternatives to mercury are used, or if a mercury-containing device is still in use, it is intact and not leaking. b) Mercury leaks or spills are reported to EHSO immediately.	☐	☐	☐	☐	
2.24	Unused mercury-containing devices (e.g., thermometers, thermostats, etc.) are disposed of through EHSO.	☐	☐	☐	☐	
	Compressed Gas Cylinders					
2.25	Compressed gas cylinders are: a) Tagged as "empty" or "full" when not in use.	☐	☐	☐	☐	

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	b) Labeled to identify its contents. c) Stored upright and secured to a stationary surface using a mounting bracket with a strap (preferred) or chain link that is approximately two-thirds up the cylinder. d) Valve protection cap is in place when cylinder is not in use or has a pressure regulator attached when in the cylinder is in use. e) Separate cylinders according to their hazard class. Store flammables at least 20 ft from oxidizers or other combustible materials. f) Toxic gases are stored in ventilated enclosures.					
2.26	Lecture bottles have been replaced with gas cylinders as appropriate.	☐	☐	☐	☐	
	Chemical Waste					
2.27	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.	☐	☐	☐	☐	
2.28	a) All hazardous waste is stored either in EHSO-provided hazardous waste containers with completed EHSO Hazardous Waste Labels, b) or in alternative compatible waste containers with completed EHSO Hazardous Waste Labels.	☐	☐	☐	☐	
2.29	Chemical waste is compatible with its container and is stored/segregated by compatibility.	☐	☐	☐	☐	
2.30	All chemical waste containers are stored securely by: a) Being closed except when in use. b) Being in secondary containers (all liquid chemical waste). c) Ensuring spills cannot reach sinks or floor drains.	☐	☐	☐	☐	
2.31	All empty **non-P-listed** chemical containers are triple rinsed, labels defaced, and caps removed prior to disposal via regular trash or recycling.	☐	☐	☐	☐	

Item #	Item	Yes	No	CTI	N/A	If "No" - Write Proposed Corrective Action(s)
2.32	All empty **P-listed** chemical containers are given to EHSO for disposal.	☐	☐	☐	☐	
3	**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 Biological Registration approval for all research activities involving biological materials.	☐	☐	☐	☐	
3.2	Lab has current and accurate Chemicals in Animals approval (if applicable) for research activities involving administration of chemical agents in research animals.	☐	☐	☐	☐	
3.3	Lab has uploaded a copy of regulatory permit(s), as applicable, in the Documents section of the lab's BioRAFT profile. Biological material identified in the permit(s) is included in Biological Registration approval.	☐	☐	☐	☐	
3.4	Lab has biosafety SOPs. SOPs are maintained by the lab and have been signed by those working with these materials as a method of documenting lab-specific biosafety training. The biosafety SOP is reviewed annually and updated as needed.	☐	☐	☐	☐	
3.5	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.	☐	☐	☐	☐	
3.6	All individuals involved in the transportation/shipping of biological materials other than biomedical waste (e.g., dry ice, infectious substances, or biological substances) have completed the 'Shipment of Infectious Agents and Biological Materials' 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 bills, etc.), prepare packages for couriers, and/or transport packages to pick-up/drop-off locations.	☐	☐	☐	☐	
3.7	A copy of the signed Shipping Training Certificate(s), with the trainee and their supervisor's signatures, is maintained	☐	☐	☐	☐	

Item #	Item	Yes	No	CTI	N/A	If "No" - Write Proposed Corrective Action(s)
	by the lab. If 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					
3.8	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.	☐	☐	☐	☐	
3.9	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.	☐	☐	☐	☐	
3.10	Bunsen burners and/or open flames are not used in the BSC. Flammable gas is not used or connected to the BSC gas lines (e.g., natural gas).	☐	☐	☐	☐	
3.11	Intake and rear grilles are clear of obstructions.	☐	☐	☐	☐	
3.12	No items are stored on top of the BSC.	☐	☐	☐	☐	
3.13	The BSC sash is functioning properly, set at an appropriate height, and not cracked. The sash is not propped open with lab equipment and the alarm is not muted.	☐	☐	☐	☐	
3.14	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.	☐	☐	☐	☐	
3.15	Laminar flow hoods/clean benches are not used for work with infectious material or other hazardous material.	☐	☐	☐	☐	
	General Biosafety					
3.16	All procedures involving the manipulation of infectious materials that may generate aerosols are conducted within a BSC or other physical containment device.	☐	☐	☐	☐	
3.17	Lab equipment and containers used to store or manipulate biological materials are labeled with biohazard labels where appropriate (e.g., refrigerators, incubators, centrifuges, etc.).	☐	☐	☐	☐	

Item #	Item	Yes	No	CTI	N/A	If "No" - Write Proposed Corrective Action(s)
3.18	Secondary containment (e.g., centrifuge safety cups, buckets, sealed rotors) is available and used when centrifuging biological samples.	☐	☐	☐	☐	
3.19	Centrifuges have door interlocks (a mechanism to keep the lid closed during operation or shuts the motor off when the lid is open).	☐	☐	☐	☐	
3.20	Lab has adequately stocked biological spill kit in the lab area.	☐	☐	☐	☐	
3.21	Mechanical pipetting devices are used. Mouth pipetting is prohibited.	☐	☐	☐	☐	
3.22	Biological and biohazard samples are placed in a durable, leak-proof container during collection, handling, processing, storage, or transport within a facility.	☐	☐	☐	☐	
	Biological Waste					
3.23	All biohazard waste is collected for decontamination prior to disposal. Examples of biohazard waste include rDNA, cultures, plates, transgenic animals/plants/arthropods, and sharps.	☐	☐	☐	☐	
3.24	Untreated biohazard waste is not poured down the drain, discarded in the regular trash, or mixed with chemical waste.	☐	☐	☐	☐	
3.25	Vacuum lines are protected with liquid disinfectant traps, and traps are labeled as biohazard waste (with either the text or a biohazard label).	☐	☐	☐	☐	
3.26	Solid, non-sharps biological waste is collected in a durable, leak-proof biological waste container (e.g., Stericycle box, biohazard labeled waste container) that is lined with a plastic bag. Biological waste containers and plastic bags are both labeled with the biohazard symbol and the word "Biohazard."	☐	☐	☐	☐	
3.27	Biohazard waste containers are closed except when adding waste.	☐	☐	☐	☐	
3.28	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.	☐	☐	☐	☐	
3.29	Infectious Waste Manifests from Stericycle are maintained for documentation and tracking. The Department of	☐	☐	☐	☐	

Item #	Item	Yes	No	CTI	N/A	If "No" - Write Proposed Corrective Action(s)
	Transportation can come for unannounced inspections and verify these manifests for the previous **three years**.					
4	**Personal Protective Equipment**					
	Documentation					
4.1	Personal Protective Equipment (PPE) Assessment Form (for Research Laboratories) has been completed, signed by all lab personnel, and is maintained by the laboratory.	☐	☐	☐	☐	
	Gloves					
4.2	Gloves are worn and are appropriate for the associated hazard. Task-specific gloves are available based on the hazard(s) present (e.g., cryogenic gloves, heat resistant gloves, etc.)	☐	☐	☐	☐	
4.3	There are alternatives to latex gloves available.	☐	☐	☐	☐	
4.4	Gloves are immediately changed when they become contaminated or damaged.	☐	☐	☐	☐	
4.5	Gloves are removed before leaving the lab.	☐	☐	☐	☐	
4.6	Disposable gloves are not washed or reused.	☐	☐	☐	☐	
	Eye Protection					
4.7	The lab should have the following eye protection based on the lab's completed PPE Assessment Form: • Safety glasses • Safety goggles • Laser safety glasses/goggles (appropriately rated for wavelength used) • Face shields	☐	☐	☐	☐	
	Lab Clothing					
4.8	Closed-toed shoes and long pants/skirts are worn at all times when inside the lab **(shorts and open-toe/open-heel shoes are not permitted)**.	☐	☐	☐	☐	
4.9	Lab coats and/or other appropriate protective clothing (e.g., shoe covers, gowns, etc.) are available in the lab and are worn while conducting laboratory experiments.	☐	☐	☐	☐	
4.10	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.	☐	☐	☐	☐	

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	Hearing Protection					
4.11	Hearing protection is worn when noise threshold exceeds limits outlined in Emory's Hearing Conservation Program (available on the EHSO website).	☐	☐	☐	☐	
4.12	If personnel wear hearing protection, the lab has requested noise monitoring from EHSO.	☐	☐	☐	☐	
	Respiratory Protection					
4.13	a) If required by EHSO based on a risk assessment, respiratory protection (e.g., 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.	☐	☐	☐	☐	
4.14	If personnel are wearing respirators voluntarily, they have read, signed and submitted the "**Voluntary Use of Respirators**" form available on the EHSO website.	☐	☐	☐	☐	
	Decontamination and Disposal					
4.15	• Reusable PPE must be decontaminated after each use until it needs to be disposed of. • Disposable PPE must be disposed of after use.	☐	☐	☐	☐	
5	**Emergency Response**					
	Fire Safety					
5.1	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.	☐	☐	☐	☐	
5.2	Personnel know where the fire extinguisher is located, and it is not obstructed.	☐	☐	☐	☐	
5.3	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.	☐	☐	☐	☐	
5.4	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.	☐	☐	☐	☐	
5.5	Lab personnel know where the evacuation routes are posted and are familiar with evacuation procedures.	☐	☐	☐	☐	
	Emergency Procedures					

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5.6	Personnel in the lab know how to formally report accidents, injuries, near-misses, and spills in **PeopleSoft/HR Workplace Health or via the EHSO website.**	☐	☐	☐	☐	
5.7	All personnel know to dial Emory Police (404-727-6111 or 911) in the event of an emergency.	☐	☐	☐	☐	
5.8	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 Safety Equipment					
5.9	The double ocular eyewash(s) in the lab is activated and documented at least monthly. For supplemental eyewash bottles, this means contacting EHSO to replace expired bottles of solution.	☐	☐	☐	☐	
5.10	Double ocular eyewashes have protective caps in place and eye pieces are in good condition (not dirty/contaminated).	☐	☐	☐	☐	
5.11	Eyewash and safety shower equipment is available and free of obstruction.	☐	☐	☐	☐	
	DEA Controlled Substances and Dangerous Drugs *Visit the Emory Research Integrity and Compliance office website to obtain the Self-Inspection form for DEA Controlled Substances and the Self-Inspection form for Dangerous Drugs.*					