BSL-3 FACILITY INSPECTION FORM

Office of Safety University of North Dakota 3851, Campus Rd Stop 9031 Grand Forks, ND 58202-9031 Ph. No. 701-777-3341

Fax: 701-777-4132







DATE OF SURVEY: CONDU			CTED BY:]	BUILDING:				
ROOM NUMBER: DEPARTMENT: PRINCIPAL INVEST					ΓIGAT(OR:				
E-MAIL	E-MAIL ADDRESS:									
	ISIBLE PERSON (OTHER T	HEN PI)	ı•							
	`	<u> </u>	•							
PHONE	NUMBER:			E-MAIL ADDRESS:						
ITEM #				ITEM		YES	NO	СТІ	N/A	COMMENTS CTI=CORRECTED AT TIME OF INSPECTION
	•			SECTION A: GENERA	L LAB SAFETY		•			
1.0 SIGN								1	1	
1.1	The laboratory door(s) are pos emergency contact informatio		the current	t Office of Safety issued signage and	d display up-to-date					
2 0 DOC	UMENTATION AND TRAIN									
2.1	All personnel know how to ac		Office of Sa	afety website.			ТП	ПП		
2.2				borne Pathogens Exposure Control	<i>Plan</i> on the Office of					
	Safety website.							$ \; \sqcup \;$		
2.3				tional Biosafety Manual on the Of						
2.4				<i>Themical Hygiene Plan</i> on the Offic	e of Safety website.					
2.5	An up-to-date Chemical Inves									
2.6	Facility specific emergency pl									
2.7	All personnel have taken the 1 available.	<u>Laborator</u>	ry Safety T	Training Course within the past year	r and documentation is					
2.8		adiation	Safety Tra	uining within the past 3 years (Radi	iation labs only).					
2.9				y fluids, tissues, cell lines, etc. have						
	Bloodborne Pathogens Train	<i>ing</i> withi	n the last y	year and documentation is available	(This training is					
	independent of Laboratory	Safety Tr	raining).							
	PING TRAINING								, ,	
3.1				ry ice, has an individual from the late (Substances) with the past 2 years?	b taken <u>Compliance</u>					
3.2	If yes, please list the name of Name:	the traine	d person ar	nd the last training date below: Date:						
	raine:			Date:						

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	MICAL STORAGE					
4.1	All chemicals are labeled with the full chemical name.					
	(Example: Ethyl alcohol - not ETOH).					
4.2	Chemical containers are in good condition (i.e. completely intact and clean on the outside).					
4.3	Legacy / obsolete chemicals (inherited, unused for 10+ years, obvious container deterioration) are collected and given to Office of Safety for disposal.					
4.4	Chemicals are stored by compatibility (i.e. flammables and oxidizers are separated, acids and bases are separated, etc.).					
4.5	Mineral acids are stored separately from organic acids.					
4.6	Perchloric acid is stored separately from all other materials.	H	H	H	H	
4.7	Chemicals are stored in appropriate locations (i.e. flammables are in a flammables cabinet, corrosives are					
	in a corrosives cabinet, etc.).					
4.8	Corrosives are stored in a secondary container (Example: polypropylene bin).					
4.9	Shelves, cabinets, and counter tops are stable and not overloaded, and containers are placed on shelves in a safe manner.					
4.10	Chemicals are not stored on the floor.					
4.11	Chemicals are stored in such a way as to prevent release to the environment (stored away from sink drains;					
	containers are tightly capped).					
	MMABLE LIQUIDS STORAGE					
5.1	Flammables are stored in an approved flammable liquids cabinet. (Contact Office of Safety with questions.)					
5.2	Volatile liquids are stored in an explosion-proof refrigerator when required.			П		
5.3	Aerosol cans are kept away from heat and ignition sources.					
6.0 SPEC	TAL CHEMICAL HAZARDS		_		<u> </u>	
6.1	Acetyl cholinesterase inhibitors are stored securely and in compatibility groups.					
6.2	Pyrophoric compounds are stored by compatibility groups.					
6.3	Shock sensitive compounds are stored by compatibility groups. For those compounds that require		П			
	underwater storage (reactive when dry), periodic inspections of the material are conducted.					
6.4	Unstable materials, cryogens, and water-reactive materials are handled properly.					
6.5	Carcinogens, teratogens, mutagens are stored securely and in compatibility groups.					
6.6	Written procedures are in place for the use of acutely hazardous chemicals (i.e. carcinogens, reproductive hazards, highly toxic substances, etc.).					
6.7	Laboratory personnel know the peroxide-forming chemicals used in the lab.					
6.8	Containers of peroxide-forming chemicals are disposed of properly through Office of Safety.	Ē		Ħ		
6.9	Peroxide-forming chemicals are labeled with the date received and the expiration date.					
7.0 MER						
7.1	Alternatives to mercury are used, if possible.					
7.2	All mercury thermometers have been replaced with mercury-free thermometers.					
7.3	Mercury containing devices still in use are intact and are not leaking. <i>Mercury leaks or spills are reported to Office of Safety immediately.</i>					

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7.4	Unused mercury containing devices (thermometers, thermostats, etc.) are disposed of through Office of					
	Safety.					
	CONTROLLED SUBSTANCES					
8.1	Federal <u>DEA License</u> is available.					
8.2	State of North Dakota Board of Pharmacy License is available.					
8.3	DEA-regulated items are secured in a locked container.					
8.4	Expired drugs are disposed of properly.					
8.5	Lab has proper record keeping of stock, usage, and disposal.					
	PRESSED GASES					
9.1	Cylinders secured.					
9.2	Away from heat.					
9.3	Flammable and oxidizing gases separated.					
9.4	Away from exits.					
	ME HOODS					
10.1	Inspected within last year.					
10.2	Undamaged.					
10.3	Used Correctly.					
	LOGICAL SAFETY CABINETS					
11.1	All active BSCs have been certified within the last 12 months by a vendor approved by UND.					
11.2	The certification label is attached and initialed by a vendor approved by UND.					
11.3	Intake and rear grilles are clear of obstructions.					
11.4	Bunsen burners and/or open flames are not used in biological safety cabinets. (Open flames are not		ΙП			
	permitted inside BSCs; consider an alternative, such as an electrical Bacti-Cinerator).					
11.5	Work surfaces are clean and free of visible biological residue.					
11.6	The sash alarm is not muted.					
	CTRICAL					
12.1	Extension cord use is temporary.					
12.2	Proper grounding is used.					
12.3	Cord and equipment in good condition.					
12.4	No outlet overloading.					
12.5	Outlets near water GFCI protected.					
12.6	Electrical Panels Accessible.					
12.7	Shock hazards have proper signage.					
	ERGENCY EQUIPMENT					
13.1	FIRE EXTINGUISHER					
	Correct type Fire Extinguisher present.					
	Fire Extinguisher easily accessible.					
	Fire Extinguisher tagged within the last year by Office of Safety.					
13.2	SAFETY SHOWERS					
	Safety showers are unobstructed.					
	Safety showers are tested monthly.					

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	Safety showers are functional and installed properly.					
13.3	EYEWASHES					
	Eyewashes are unobstructed.					
	Eyewashes are tested monthly.					
	Eyewashes are functional and installed properly.					
13.4	SPILL KITS AND FIRST AID					
	Spill kits and first aid are stocked appropriately.					
	Spill kits and first aid are readily accessible.					
	Disinfectant available.					
	Broom, dustpan, forceps available.					
	Calcium gluconate available for HF.					
14.0 CHE	EMICAL WASTE					
14.1	Office of Safety picks up all chemical waste from the facility.					
14.2	Chemicals are not put down the drain, in the regular trash, or in biomedical waste.					
14.3	All chemical / chemical waste containers are closed except when in use.					
14.4	Chemical wastes are compatible with their containers and are stored by compatibility (i.e. acid waste is not				٦	
	stored with alkaline waste).	Ш				
14.5	Office of Safety picks up all empty P-listed chemical containers from the facility.					
14.6	Office of Safety picks up expired pharmaceutical wastes (excluding DEA controlled substances) from the					
	facility.					
	LOGICAL WASTE					
15.1	Biomedical waste containers are labeled with the Biohazard symbol and the word "Biohazard".					
15.2	An orange / red Biohazard bag is used to dispose of biohazardous waste.					
15.3	Biohazard waste containers are closed except when adding waste.					
15.4	Biohazards are not put down the drain or in regular trash.					
15.5	Biohazard waste is not mixed with chemical waste.					
15.6	Facility-specific SOPs for the treatment and removal of biohazard waste from the facility are available and					
	adhered to.					
16.0 SHA	RPS HANDLING AND WASTE					
16.1	Sharps are disposed of in a sharps disposal container and the containers are no greater than ¾ full.	<u> </u>				
16.2	Sharps containers are tightly lidded to prevent the contents from spilling.					
16.3	Office of Safety picks up sharps waste for disposal.					
	DIOACTIVE WASTE					
17.1	Lab has current authorization for ordering, working with, and/or storing radioactive materials.					
17.2	If lab has received an annual letter indicating inactive status, the lab does not have any radioactive		П			
	materials (RAM) or RAM waste in the lab.					
17.3	Radioisotopes in use are listed on authorization permit.	_Ц_	$\sqcup \sqcup$	\square	$\sqcup \bot$	
17.4	Personnel working with radioactive materials are identified on PI's authorization permit.					
17.5	All personnel listed on the radiation safety permit are up-to-date on their Office of Safety required <i>Radiation Safety Training.</i>					

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17.6	Area Geiger meter surveys/wipe tests are performed during the work weeks that radioactive materials are used.					
17.8	No unauthorized removal of radioactive material from a facility has occurred. All transport of radioactive materials between facilities is conducted by Office of Safety.					
17.9	<u>"Radioactive Material Laboratory"</u> signs are posted at the lab entrance and on the lab bench/areas/equipment where radioactive material is used.					
17.10	Use and storage of radioactive materials takes place in the authorized area.					
17.11	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.					
17.12	All radioactive waste is stored in Office of Safety provided radioactive waste containers.					
17.13	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.					
17.14	Radioactive waste is segregated by isotope and waste type (Dry, Liquid, or Liquid Scintillation Vial).					
17.15	Radioactive waste containers are labeled with a provided Office of Safety Radioactive Waste Label complete with PI's name, and isotope.					
17.16	Radioactive waste is not disposed of via sewer without authorization and documentation. Sewer disposal is not in excess of authorized limits.					
17.17	Personnel wear badges properly when handling radioactive material.					
17.18	Personnel radioactive exposure records are stored in the lab's Radiation Safety Binder.					
17.19	Personal dosimetry badges and control badges are stored away from radioactive materials.					
17.20	Labels on shipping boxes used for receiving radioactive materials are defaced prior to disposal through housekeeping.					
18.0 AUT	TOCLAVE USE					
18.1	A facility specific SOP for autoclave validation is available and adhered to.					
18.2	Documentation of autoclave validation is maintained and made available upon request.					
18.3	Autoclaves are validated at least monthly.					
S	ECTION B: BIOSAFETY (These questions are based on the Biosafety level 3 section of Biosafety in Mic	robiologi	ical and	Biomed	ical La	boratories, 5 th Edition.
1.1	Biological Agents used in this laboratory for research.					
1.2	<u>Access to the laboratory is limited or restricted</u> when experiments involving infectious organisms are in progress. Enforcement is the responsibility of the PI/Lab Supervisor.					
1.3	Persons must wash their hands: a) After working with potentially hazardous materials including: i. infectious organism's ii. Organisms with r/syn DNA/RNA iii. Animals.					
	b) Before leaving the lab.					
1.4	Eating, drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human consumption must not be permitted in laboratory areas. Food must be stored outside the laboratory area in cabinets or refrigerators designated and used for this purpose.					
1.5	Mouth pipetting is prohibited; mechanical pipetting devices must be used.					

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1.6	Policies for the safe handling of sharps, such as needles, scalpels, pipettes, and broken glassware must be developed and implemented. Whenever practical, laboratory supervisors should adopt improved engineering and work practice controls that reduce risk of sharps injuries. Precautions, including those listed below, must always be taken with sharp items. These include: a. Careful management of needles and other sharps are of primary importance. Needles must not be bent, sheared, broken, recapped, removed from disposable syringes, or otherwise manipulated by hand before disposal. b. Used disposable needles and syringes must be carefully placed in conveniently located puncture-resistant containers used for sharps disposal. c. Non-disposable sharps must be placed in a hard walled container for transport to a processing area for decontamination, preferably by autoclaving. d. Broken glassware must not be handled directly. Instead, it must be removed using a brush and dustpan, tongs, or forceps. Plastic ware should be substituted for glassware whenever possible.					
1.7	Decontaminate work surfaces after completion of work and after any spill or splash of potentially infectious material with appropriate disinfectant.					
1.8	Decontaminate all cultures, stocks, and other potentially infectious materials before disposal using an effective method. Depending on where the decontamination will be performed, the following methods should be used prior to transport: a. Materials to be decontaminated outside of the immediate laboratory must be placed in a durable, leak proof container and secured for transport. b. Materials to be removed from the facility for decontamination must be packed in accordance with applicable local, state, and federal regulations.					
1.9	A sign incorporating the <u>UNIVERSAL BIOHAZARD SYMBOL</u> must be posted at the entrance to the laboratory when infectious agents are present. Posted information must include: the laboratory's biosafety level, supervisor's name (or other responsible personnel), telephone number, and required procedures for entering and exiting the laboratory. Special precautions for organisms containing r/syn DNA/RNA are also included on door signs.					
1.10	An effective integrated pest (insect and rodent) management program is required.					
1.11	The laboratory supervisor must ensure that laboratory personnel receive appropriate training regarding their duties, the necessary precautions to prevent exposures, and exposure evaluation procedures. Personnel must receive annual updates or additional training when procedural or policy changes occur. Personal health status may impact an individual's susceptibility to infection, ability to receive immunizations or prophylactic interventions. Therefore, all laboratory personnel and particularly women of childbearing age should be provided with information regarding immune competence and conditions that may predispose them to infection. Individuals having these conditions should be encouraged to self-identify to the institution's healthcare provider for appropriate counseling and guidance.					
1.13	Laboratory personnel must be provided medical surveillance, as appropriate, and offered available immunizations for agents handled or potentially present in the laboratory.					
1.14	A <u>laboratory-specific biosafety manual</u> must be prepared and adopted as policy. The biosafety manual must be available and accessible.					
1.15	The laboratory supervisor must ensure that laboratory personnel demonstrate proficiency in standard and special microbiological practices before working with BSL-3 agents.					

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1.16	Potentially infectious materials must be placed in a durable, leak proof container during collection, handling, processing, storage, or transport within a facility.					
1.17	Laboratory equipment should be routinely decontaminated, as well as, after spills, splashes, or other potential contamination. a. Spills involving infectious materials must be contained, decontaminated, and cleaned up by staff properly trained and equipped to work with infectious material. b. Equipment must be decontaminated before repair, maintenance, or removal from the laboratory.					
1.18	Incidents that may result in exposure to infectious materials must be immediately evaluated and treated according to procedures described in the laboratory biosafety manual. All such incidents must be reported to the laboratory supervisor. Medical evaluation, surveillance, and treatment should be provided and appropriate records maintained.					
1.19	Animal and plants not associated with the work being performed must not be permitted in the laboratory.					
1.20	All procedures involving the manipulation of infectious materials must be conducted within a BSC (preferably Class II or Class III), or other physical containment devices					
1.21	Workers in the laboratory where protective laboratory clothing with a solid-front, such as tie-back or wrap- around gowns, scrub suits, or coveralls. Protective clothing is not worn outside of the laboratory. Reusable clothing is decontaminated before being laundered. Clothing is changed when contaminated					
1.22	Eye and face protection (goggles, mask, face shield or other splash guard) is used for anticipated splashes or sprays of infectious or other hazardous materials. Eye and face protection must be disposed of with other contaminated laboratory waste or decontaminated before reuse. Persons who wear contact lenses in laboratories must also wear eye protection.					
1.23	Gloves must be worn to protect hands from exposure to hazardous materials. Glove selection should be based on an appropriate risk assessment. Alternatives to latex gloves should be available. Gloves must not be worn outside the laboratory. In addition, BSL-3 laboratory workers: a. Changes gloves when contaminated, glove integrity is compromised, or when otherwise necessary. Wear two pairs of gloves when appropriate. b. Remove gloves and wash hands when work with hazardous materials has been completed and before leaving the laboratory. c. Do not wash or reuse disposable gloves. Dispose of used gloves with other contaminated laboratory waste. Hand washing protocols must be rigorously followed.					
1.24	Eye, face, and respiratory protection must be used in rooms containing infected animals.					
1.25	Laboratory doors must be self-closing and have locks in accordance with the institutional policies. The laboratory must be separated from areas that are open to unrestricted traffic flow within the building. Laboratory access is restricted. Access to the laboratory is through two self-closing doors. A clothing change room (anteroom) may be included in the passageway between the two self-closing doors.					
1.26	Laboratories must have a sink for hand washing. The sink must be hands-free or automatically operated. It should be located near the exit door. If the laboratory is segregated into different laboratories, a sink must also be available for hand washing in each zone. Additional sinks may be required as determined by the risk assessment.					

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1.27	The laboratory must be designed so that it can be easily cleaned and decontaminated. Carpets and rugs are not permitted. Seams, floors, walls, and ceiling surfaces should be sealed. Spaces around doors and ventilation openings should be capable of being sealed to facilitate space decontamination. a. Floors must be slip resistant, impervious to liquids, and resistant to chemicals. Consideration should be given to the installation of seamless, sealed, resilient or poured floors with integral cove bases. b. Walls should be constructed to produce a sealed smooth finish that can be easily cleaned and decontaminated. c. Ceilings should be constructed, sealed, and finished in the same general manner as walls. Decontamination of the entire laboratory should be considered when there has been gross contamination of the space, significant changes in laboratory usage, for major renovations, or maintenance shut downs. Selection of the appropriate materials and methods used to decontaminate the laboratory must be based on the risk assessment.					
1.28	Laboratory furniture must be capable of supporting anticipated loads and uses. Spaces between benches, cabinets, and equipment must be accessible for cleaning. a. Bench tops must be impervious to water and resistant to heat, organic solvents, acids, alkalis, and other chemicals. b. Chairs used in laboratory work must be covered with a non-porous material that can be easily cleaned and decontaminated with appropriate disinfectant.					
1.29	All windows in the laboratory must be sealed.					
1.30	BSCs must be installed so that fluctuations of the room air supply and exhaust do not interfere with proper operations. BSCs should be located away from doors, heavily traveled laboratory areas, and other possible airflow disruptions.					
1.31	Vacuum lines must be protected with HEPA filters, or their equivalent. Filters must be replaced as needed. Liquid disinfectant traps may be required.					
1.32	An eyewash station must be readily available in the laboratory.					
1.33	A ducted air ventilation system is required. This system must provide sustained directional airflow by drawing air into the laboratory from "clean" areas toward "potentially contaminated" areas. The laboratory shall be designed such that under failure conditions the airflow will not be reversed. a. Laboratory personnel must be able to verify directional airflow. A visual monitoring device, which confirms directional airflow, must be provided at the laboratory entry. Audible alarms should be considered to notify personnel of air flow disruption. b. The laboratory exhaust air must not re-circulate to any other area of the building. c. The laboratory building exhaust air should be dispersed away from occupied areas and from building air intake locations or the exhaust air must be HEPA filtered. HEPA filter housings should have gas-tight isolation dampers, decontamination ports, and/or bag-in/bag-out (with appropriate decontamination procedures) capability. The HEPA filter housing should allow for leak testing of each filter and assembly. The filters and the housing should be certified at least annually.					

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1.34	HEPA filtered exhaust air from a Class II BSC can be safely re-circulated into the laboratory environment if the cabinet is tested and certified at least annually and operated according to manufacturer's recommendations. BSCs can also be connected to the laboratory exhaust system by either a thimble (canopy) connection or directly exhausted to the outside through a hard connection. Provisions to assure proper safety cabinet performance and air system operation must be verified. BSCs should be certified at least annually to assure correct performance. Class III BSCs must be directly (hard) connected up through the second exhaust HEPA filter of the cabinet. Supply air must be provided in such a manner that prevents positive pressurization of the cabinet.					
1.35	A method for decontaminating all laboratory wastes should be available in the facility, preferably within the laboratory (e.g., autoclave, chemical disinfection, or other validated decontamination method).					
1.36	Equipment that may produce infectious aerosols must be contained in primary barrier devices that exhaust air through HEPA filtration or other equivalent technology before being discharged into the laboratory. These HEPA filters should be tested and/or replaced at least annually.					
1.37	Facility design consideration should be given to means of decontaminating large pieces of equipment before removal from the laboratory.					
1.38	Enhanced environmental and personal protection may be required by the agent summary statement, risk assessment, or applicable local, state, or federal regulations. These laboratory enhancements may include, for example, one or more of the following: an anteroom for clean storage of equipment and supplies with dress-in, shower-out capabilities; gas tight dampers to facilitate laboratory isolation; final HEPA filtration of the laboratory exhaust air; laboratory effluent decontamination; and advanced access control devices, such as biometrics.					
1.39	The BSL-3 facility design, operational parameters, and procedures must be verified and documented prior to operation. Facilities must be re-verified and documented at least annually.					