Wake Forest School of Medicine

ENVIRONMENTAL HEALTH AND SAFETY
LABORATORY ASSESSMENT CHECKLIST

Principal Investigator:	
Laboratory Representative:	
Laboratory Technician:	
Date of Assessment:	
Department:	
Building and Room Number(s):	
Inspected By:	

		C	NC	NA	Points	Comments
A. SAFETY						
1.	Proper warning signs are displayed in all areas (i.e. confined space label, lab sign, oxygen sign, chemical storage area sign, electrical room, mechanical room, cryogenic sign, glutaraldehyde sign, formaldehyde sign, particularly hazardous chemicals, hand washing, non-hand washing signs, cage cards, caution-hot work in process-stay clear sign, asbestos containing material labels, etc.).	☐	☐	☐	3	
2.	Employee injuries are reported to the supervisor and on the Infinet at the time of occurrence.	☐	☐	☐	3	
3.	Monkey bite scratch kit and protocol are in place. (verify)	☐	☐	☐	5	
4.	There is no evidence of eating/drinking outside of a designated area.	☐	☐	☐	3	
5.	Areas and furnishings are in good repair. Exposed surfaces are in good shape, intact (without tears or breaches to the surface) and cleanable.	☐	☐	☐	3	
6.	Soap is provided.	☐	☐	☐	3	
7.	Paper towels are provided.	☐	☐	☐	3	
8.	Hand washing facilities are provided.	☐	☐	☐	1	
9.	Employees are following standard precautions when working with human cells, blood, and/or body fluids.	☐	☐	☐	1	
10.	Quarterly Lab Assessment Form has been completed each quarter (July-Oct-Jan-Apr).	☐	☐	☐	1	

B. LIFE SAFETY						
1.	Employees know their roles and responsibilities in case of an emergency. They know how to report a hazard (unsafe condition, spills, or fire) and the number to report a hazard (an unsafe condition or fire). (716-9111 or 911 for off-site) Emergency phone number for the Medical Center is posted.	☐	☐	☐	5	
2.	All personnel have been instructed in the emergency procedures and as to the location(s) of emergency exits, fire alarm pull stations, fire extinguishers, safety showers and eyewash stations. Area Evacuation Plans are posted and Assembly Points are known.	☐	☐	☐	3	
3.	There is a Disaster Response and Recovery Plan and employees know departmental role if Disaster Response and Recovery Plan is implemented.	☐	☐	☐	3	
4.	Disaster Response and Recovery Plan is reviewed and updated annually.	☐	☐	☐	3	
5.	Trash can has a lid if greater than 40 gal.	☐	☐	☐	1	
6.	Maintains an 18” ceiling clearance in sprinkled buildings and 24" ceiling clearance in non-sprinkled buildings.	☐	☐	☐	5	
7.	Ceiling tiles are dry, clean, in place, and intact.	☐	☐	☐	1	
8.	Excess paper, trash, and other miscellaneous items are removed. Areas are free of dust, dirt, soil, trash, odors, and hazards (fixtures, walls, ceilings, and floors).	☐	☐	☐	1	
9.	Audible and/or visual fire alarms are not impaired.	☐	☐	☐	10	
10.	A fire drill has been performed for the required time period (quarterly, bi-annually, or annually).	☐	☐	☐	5	
11.	Fire doors operate properly. They are not blocked and door stops are not used.	☐	☐	☐	5	
12.	All emergency and safety equipment (fire extinguishers and hose, pull stations, spill kits, eyewash, safety shower, drain plug, PPE, etc.) locations are clearly marked, accessible (travel distance must be less than 50 feet for fire extinguishers), and available.	☐	☐	☐	5	
13.	All fire extinguishers are properly mounted, fully charged, inspected monthly and yearly, and appropriate for setting.	☐	☐	☐	5	
14.	The space around pipes, conduits, bus ducts, cables/wires are filled with an approved fire rated material.	☐	☐	☐	5	
15.	There are no ADA concerns in the lab.	☐	☐	☐	1	

16.	Eyewash/safety showers are flushed, inspected, and inspection recorded weekly (clinics) /monthly (labs & other areas).	☐	☐	☐	3	
17.	Eyewash and safety showers are located within 75 feet traveling distance.	☐	☐	☐	3	
18.	Eyewash stations must be available, ANSI approved, and accessible,.	☐	☐	☐	3	
19.	Passage ways, walkways, aisle ways, stair wells, and work areas are clear of obstructions and trip hazards. They are illuminated and marked. Indoor lighting is functional and adequate for task.	☐	☐	☐	5	
C. ELECTRICAL SAFETY						
1.	Surge protectors are not piggy-backed daisy chained.	☐	☐	☐	3	
2.	Extension cords are not used for permanent wiring.	☐	☐	☐	3	
3.	All electrical receptacles or panels are in place, accessible, and have proper clearance (36").	☐	☐	☐	5	
4.	Appropriate electrical outlets in use, working properly, in good condition, and are not overloaded (i.e. wires are not exposed, circuits are not overloaded, missing switch or outlet plates, broken conduit or open junction boxes, etc.).	☐	☐	☐	3	
5.	All machinery or equipment is capable of movement, required to be de-energized or disengaged, and blocked or locked-out during cleaning, servicing, adjusting or setting up operation.	☐	☐	☐	5	
D. SECURITY						
1.	Identification badge is worn at all times.	☐	☐	☐	5	
2.	Personnel have badge buddies (Emergency Codes & Patient Safety Goals).	☐	☐	☐	3	
3.	Required areas and doors (labs, soiled utility storage, mechanical & storage rooms, etc.) are secure.	☐	☐	☐	10	
4.	Patient records are not accessible/available. (HIPPA)	☐	☐	☐	5	
5.	Pharmaceutical/medications/select agents/controlled substances are secured.	☐	☐	☐	5	
E. ENGINEERING CONTROLS						
1.	Biosafety cabinets and fume hoods are used appropriately (i.e. free of stored chemicals and equipment, UV lighting, crowding, flammables).	☐	☐	☐	5	
2.	Biosafety cabinet(s) has been certified within the last 6-12 months.	☐	☐	☐	5	
3.	Fume hood(s) has been certified within the last 6 - 12 months and there are no problems with the fume hood.	☐	☐	☐	5	

4.	Scavenger systems are used with anesthetic gases or vented into fume hood.	☐	☐	☐	7	
5.	Anesthesia machine is under preventive maintenance contract (annual calibration).	☐	☐	☐	7	
6.	Weights are recorded on charcoal filter.	☐	☐	☐	3	
7.	Waste bedding is emptied outside animal rooms and in a manner to minimize aerosolized waste/dust.	☐	☐	☐	3	
8.	Safety devices and Sharps (needles, scalpels, and sutures) are used properly, have safety features, and are not being recapped.	☐	☐	☐	3	
F. CHEMICAL STORAGE AND HANDLING						
1.	Employees can access CMIS and they know how to find hazards of the chemicals used. MSDS (Safety Data Sheets)are available.	☐	☐	☐	1	
2.	All reagents/chemicals are clearly identified and labeled with a received and opened date (includes peroxides forming chemicals). They have the full name of the chemical and hazard warning. Abbreviations or formulas are not present on the label.	☐	☐	☐	5	
3.	Compatible chemicals are stored together.	☐	☐	☐	5	
4.	All flammables/combustibles are stored in flammable cabinet when not in use. The flammable cabinet(s) is self-closing and latches properly.	☐	☐	☐	3	
5.	Devices, medications, instruments and sterile supplies are in date.	☐	☐	☐	5	
6.	Peroxides are tested on a periodic basis to ensure they are not forming organic peroxides and are safe to use.	☐	☐	☐	3	
7.	Lab has a Chemical Safety Protocol for all particularly hazardous chemicals.	☐	☐	☐	5	
8.	Chemical Safety Protocol is up to date with list of personnel and rooms.	☐	☐	☐	3	
9.	Adequate policies, procedures, PPE and practices are in place for the use of cryogenics (cryogenic gloves and face shield)	☐	☐	☐	5	
10.	An exposure assessment form has been completed.	☐	☐	☐	5	
11.	Compressed gas cylinders are identified (legibly marked), segregated from incompatibles, and physically secured with valve protection cover in place at all times except when in use.	☐	☐	☐	10	
12.	Non-ferrous wrench is used for compressed gas cylinders.	☐	☐	☐	3	

G. WASTE PRACTICES						
1.	All "chemical" waste (including investigational drugs, regulated pharmaceuticals, and charcoal filters from scavenger systems) is identified and disposed of through EH&S. This includes containers that held acutely hazardous chemicals. 40 C.F.R. §262.11	☐	☐	☐	10	
2.	All controlled substances are disposed of through the state.	☐	☐	☐	10	
3.	Waste containers are properly labeled/marked with the words “Hazardous Waste”. §262.34(c)(1)(ii)	☐	☐	☐	10	
4.	Waste containers are labeled with content and no acronyms are used.	☐	☐	☐	10	
5.	Universal Waste is collected, properly labeled, and dated with the word "Universal Waste - Lamps", "Universal Waste - Batteries", or "Universal Waste - Mercury-Containing Equipment" for proper disposal.	☐	☐	☐	5	
6.	Used Oil filters and/or oil is collected and labeled with “Used Oil Filters" and/or "Used Oil". 40 CFR 279.22 c	☐	☐	☐	3	
7.	All waste containers are in good condition (no evidence of a release or spill) and are kept securely closed except when filling or adding waste. 40 CFR 265.171	☐	☐	☐	10	
8.	Waste containers are stored in secondary containment as appropriate.	☐	☐	☐	3	
9.	Incompatible waste streams are separated by physical barrier such as secondary containment or separate cabinets.	☐	☐	☐	3	
10.	Ethidium bromide green bags are used in the lab. (minimization technique)	☐	☐	☐	1	
11.	Sharps containers are readily visible, accessible and closeable. Contents are below the fill line. The trash container placement in exam/procedure room(s) is away from sharps container.	☐	☐	☐	3	
12.	Needles, syringes, pipettes, and glass slides are being collected in a Sharps container.	☐	☐	☐	3	
13.	All hazardous waste is stored in either a satellite accumulation area and/or at or near the point of generation.40 CFR262.34(c)(1)	☐	☐	☐	7	
14.	The stored containers are out of travel routes or other areas where containers could be broken or knocked over.	☐	☐	☐	1	
15.	Labels are removed/defaced prior to disposal.	☐	☐	☐	1	

16.	Each waste container holds only one waste stream or a combination of compatible waste streams. Proper and compatible waste containers are used.	☐	☐	☐	5	
17.	Biowaste labels are not on regular trash cans.	☐	☐	☐	3	
18.	Biowaste container has a lid.	☐	☐	☐	3	
19.	There is not an accumulation of biowaste.	☐	☐	☐	3	
H. PERSONAL PROTECTIVE EQUIPMENT						
1.	An annual PPE Assessment and Training Form has been performed to identify required PPE needed & personnel are trained in the proper use of PPE (PPE Training).	☐	☐	☐	5	
2.	PPE is supplied, appropriate for the hazard, and available in a range of sizes (i.e. lab coat, latex free gloves, eye protection, face shield, etc.).	☐	☐	☐	5	
3.	Long pants are being worn when in the laboratory and worn in appropriate settings/areas.	☐	☐	☐	10	
4.	Closed-toe shoes are being worn when working around chemicals or hazardous environment in the laboratory, clinic, or other high risk area.	☐	☐	☐	10	
5.	Lab coats are worn while working on or adjacent to all benchtop procedures utilizing hazardous materials.	☐	☐	☐	10	
6.	Protective gloves are worn while utilizing any hazardous chemicals, biological, or unsealed radiological materials and worn in appropriate settings/areas.	☐	☐	☐	10	
7.	Adequate eye protection and/or equivalent engineering controls (fume hood, BSC) are used while handling hazardous materials at the bench or engaging in hazardous activities or to protect patients from procedures that could generate particulates cast cutting, laser use, etc.	☐	☐	☐	10	
8.	Respirator wearers have been medically cleared, fit tested, and trained within 12 months.	☐	☐	☐	5	
I. STERILIZATION, DISINFECTION, AND CLEANING						
1.	Proper decontamination procedures are used for cages, floors, BSC, rooms, etc. (VHP, ETO)	☐	☐	☐	5	
2.	All biohazard waste containers, instrument containers, and transport containers must be labeled with a biohazard symbol and covered with a lid.	☐	☐	☐	3	

J. TRAINING						
1.	New employees have received required training related to their job duties within their initial ninety days (including safety training-fire, hazard communication safety, BBP, hazardous waste, AED, & High Level Disinfectant).	☐	☐	☐	5	
2.	Employees have received the required annual training (including safety training-fire, hazard communication safety, BBP, hazardous waste, AED, & High Level Disinfectant).	☐	☐	☐	5	
3.	Staff has reviewed and updated PeopleSoft Hazard Assessment.	☐	☐	☐	10	
4.	Biologicals are shipped by trained staff.	☐	☐	☐	10	
K. BIOSAFETY						
1.	Personnel are working with Risk Group 2 Agents or performing Recombinant DNA work without Biosafety Application (i.e., human cells or blood).	☐	☐	☐	5	
2.	The Biosafety Application is up to date with personnel, rooms, and training records.	☐	☐	☐	5	
3.	Access to the 5th edition, CDC/NIH Biosafety in Microbiological and Biomedical Laboratories is available.	☐	☐	☐	1	
4.	Biospill procedures are visibly posted.	☐	☐	☐	1	
5.	Transgenic animals are not being used.	☐	☐	☐	1	