

Biosafety Level 2 Checklist (BSL-2) Reference: CDC BMBL/ 5th Edition, NIH Guidelines, Sep 09

| Building & Room: | Inspector: |
|-----------------------------|----------------------|
| P.I.: | Inspection Date: |
| Laboratory Contact: | Phone Extension: |
| PI Signature: | Inspector Signature: |
| | |

| Biosafety Level 2 | Yes | No | N/A | Comments (additional space on p.2) |
|---|-----|----|-----|---|
| A. Standard/Special Microbiological Practices | | | | |
| 1. Does the Principal Investigator (PI) establish and enforce policies that control access to the lab? | | | | |
| a. Are lab doors self- closing and have locks in accordance with university policies? | | | | |
| b. Are all people entering the lab advised of the hazards and meet specific entry/exit requirements? | | | | |
| 2. Do personnel wash hands after working with potentially hazardous materials and before leaving the lab? | | | | |
| a. Does the lab have a hand washing sink? It should be located near the exit door. | | | | |
| 3. Is eating, drinking, storing food, applying cosmetics, etc., permitted in the lab? | | | | Food must be stored outside the lab area |
| 4. Is mouth pipetting prohibited? Are mechanical pipetting devices used instead? | | | | |
| 5. Are policies for the safe handling of sharps, such as needles, scalpels, pipettes, and broken glassware developed and implemented? | | | | If possible, safety-engineered needles (i.e., self- retracting) that reduce risk of injury should be adopted. |
| a. Are needles bent, sheared, broken, recapped, removed from disposable syringes or otherwise manipulated by hand before disposal? | | | | adopted |
| b. Are used needles and syringes carefully placed in conveniently located puncture-resistant sharps containers? | | | | |
| c. Are non-disposable sharps placed in a hard -walled container for transport to processing areas for decontamination? | | | | |
| d. Is broken glass removed with brush and dustpan, tongs, or forceps? | | | | |
| e. Is plastic ware substituted for glassware whenever possible? | | | | Plastic aspirating pipets should be used in place of glass Pasteur pipets. |
| 6. Are procedures carefully performed to minimize the creation of aerosols or splashes of infectious materials and waste? | | | | |
| a. Are all aerosol generating procedures conducted in a Biosafety Cabinet or other appropriate physical containment devices? | | | | |
| 7. Are work surfaces decontaminated after completion of work and after any spill or splash of potentially infectious material with an appropriate disinfectant? | | | | Disinfectant used: |
| Is lab equipment routinely decontaminated? As well as after spills, splashes, or other potential contamination. | | | | |
| Is the lab designed so that it can be easily cleaned and decontaminated? Carpets and rugs not permitted. | | | | |
| c. Are lab furniture (chairs, tables, etc.) appropriate for loading and use? Are spaces accessible for cleaning? Are bench tops impervious to water and resistant to chemicals? | | | | |
| d. Are chairs used in lab work are covered with non-porous material that can be easily cleaned/decontaminated with disinfectant? | | | | |

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|--|-----|----|-----|---|
| 8. Are all infectious materials decontaminated before disposal using an effective method? | | | | |
| Are potentially infectious materials placed in a durable, leak proof container during collection, handling, processing, storage, or transport? | | | | |
| b. Are all waste dry materials placed in containerized red biohazard bags which are kept closed when not in use? | | | | |
| c. Is fluid medical waste inactivated by adding chlorine bleach to a final concentration of 10% bleach, mixed thoroughly, held for 30 minutes (minimum), and discarded in the sanitary sewer | | | | |
| 9. Is a sign incorporating the universal biohazard symbol posted at the entrance to the lab? Does signage include Biosafety level, PI name, phone numbers and required procedures for entering and exiting lab? | | | | |
| 10. Have you had any issues with insect or rodent control? | | | | |
| 11. Does PI ensure that lab personnel receive appropriate training regarding their duties, precautions to prevent exposures and exposure evaluation procedures? | | | | |
| a. Are initial and refresher trainings documented? | | | | |
| b. Are all lab personnel and particularly women of childbearing age provided info regarding immune competence and conditions that may predispose them to infection? (Individuals having these conditions are encouraged to self- identify to their medical service provider for appropriate counseling and guidance). | | | | |
| B. Special Practices | | | | |
| 1. Are all persons authorized to enter the lab advised of potential hazards; are lab personnel provided medical surveillance and offered appropriate immunizations (i.e., Hepatitis B) for agents handled in the lab? | | | | |
| 2. Are Laboratory specific biosafety manual/Standard Operating Procedures (SOP) prepared and adopted as policy? Is it available and accessible? | | | | |
| 3. Does the PI ensure that lab personnel demonstrate proficiency with standard and specialized BSL-2 microbiological practices before working with these agents? | | | | |
| a. If both high hazard and low hazard experiments are conducted in your lab, are those areas in your lab reserved for experiments of lesser biohazard potential carefully demarcated from higher biohazard areas? | | | | |
| 4. Are personnel routinely decontaminating lab equipment, or when the equipment requires repair, maintenance, or removal from the lab? | | | | |
| If spills occur, are staff properly trained and equipped to work with infectious material? | | | | |
| 4. If a laboratory exposure should occur, are there written procedures or emergency information available and accessible in the laboratory?a. All such incidents must be reported to the PI. PI must also report incidents | | | | Incidents that may result in exposure to infectious materials must be immediately evaluated and |
| immediately to Security (x777) and the Biosafety Office (x2-2818). b. Medical evaluation, surveillance, and treatment should be provided when required and | | | | treated. |
| appropriate records maintained. 5. Are animals and plants not associated with the work being performed permitted in the | | | | |
| lab? | | | | |
| C. Safety Equipment (Primary Barriers) | | | | |
| 1. Are Biosafety cabinet (Class II), certified annually, and other containment devices or PPE used when: a. Potential for aerosols or splashes exists? These may include centrifuging, grinding, blending, inoculating animals intranasally, harvesting infected tissues, etc. b. High concentrations/titers or large volumes of agents are used? These may be | | | | |
| centrifuged outside the BSC using sealed rotor heads or centrifuge safety cups. | | | | |
| 2. Are lab coats/gowns/smocks/ worn when in lab, and removed prior to leaving lab (i.e., before leaving for cafeteria, library, and administrative offices)? Dispose or launder protective clothing appropriately (lab coats must not be taken home). | | | | |
| 3. Are eye and face protection (goggles, mask, face shield or other splatter guard) used for work outside biosafety cabinet that may generate splashes or sprays? | | | | |

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|---|-----|----|-----|------------------------------------|
| 4. Are gloves worn to protect hands from exposure to agents? Glove selection should be based on risk assessment. Disposable gloves must not be washed or reused. Gloves must be removed and disposed as biohazardous waste prior to leaving lab. Alternatives to latex should be available. | | | | |
| 5. Are eye, face, and respiratory protection used in rooms containing infected animals as determined by risk assessment? | | | | |
| D. Laboratory Facilities (Secondary Barriers) | | | | |
| 1. Do the lab windows open to exterior? If a lab does have such windows, they must be fitted with screens or a sign posted that states "Windows must remain closed." | | | | |
| 2. Is the BSC installed properly to avoid room air fluctuations that might impede proper functioning of the cabinet? | | | | |
| 3. Are vacuum lines protected with liquid disinfectant traps? | | | | |
| 4. Are vacuum lines protected with HEPA (High Efficiency Particulate Air) filters? | | | | |
| 5. Is the eyewash station readily available? Portable eye wash bottle may be used for initial response if eyewash station is not immediately available. | | | | |
| 6. HEPA filtered exhaust air from a Class II BSC can be safely recirculated if cabinet is tested and certified annually. Contact EH&s for more information on vendors. Has the hood(s) been recertified in the last 12 months? | | | | BSC Certification Date: |
| | | | | |
| Personnel Training | Yes | No | N/A | Comments |
| Documented lab safety training (i.e., Safety refresher training conducted within the last | | | | |
| year, with sign-in sheet available?) | Ш | | | |
| | | | | |
| year, with sign-in sheet available?) Documented biological safety training (required bi-annually if working with BSL-2 | | | | |
| year, with sign-in sheet available?) Documented biological safety training (required bi-annually if working with BSL-2 materials)? Documented bloodborne pathogens training (required annually if working with human cell | | | | |