UNIVERSITY OF SOUTH ALABAMA

20XX Annual Biosafety Inspections
BSL-3 Checklist for Laboratories

Inspectors: **Select Agents:**

Principal Investigator:

LID Room (s):

Protocol (s):

Infectious Agents:

Answer Yes, No or NA (not applicable), by placing an X in the appropriate box.

Biosafety Level 3	YES	NO	N/A	Comments
A. Standard Microbiological Practices				
1. Access strictly limited to the lab.				
2. Persons wash hands after biohazardous work, after removing gloves and before exiting the lab?				
3. Are soap and towels available at the handwashing sink?				
4. Are eating/drinking/ applying cosmetics prohibited in the lab?				
5. Is food stored outside the work area, in cabinets or refrigerators designated for food only?				
6. Mouth pipetting prohibited; pipettors used				
7. Splashes and aerosols are minimized				
8. Glassware is minimized and use of durable plastic ware is used whenever is possible.				
9. Are regulated sharps (e.g, needles, syringes, razor blades, lancets) discarded into puncture-resistant, red needle box?				
Biological Waste				
10. Sharps restricted to use when no alternative exists				
11. Are sharps containers no more than ¾ full? Have full containers been removed?				
12. Are all solid wastes, which are contaminated with biohazardous materials, discarded into red sharps containers, lined red tubs, or lined receptacles for later disposal in red tubs?				
13. Are all liquid wastes, which are contaminated with biohazardous materials, autoclaved or decontaminated with an effective disinfectant before they are poured down the sanitary sewer?				
14. Insect and rodent control program in place. Exterior walls sealed/holes covered to prevent access.				
15. Work surfaces disinfected 1x per day and after spills				
16. Lab contains an unobscured glass panel so occupants working in the BL-3 units can be seen from the outside. When the room is unoccupied the door must be locked.				
B. Special Practices				
1. Access restricted to required personnel. No minors allowed.				
2. Persons advised of hazards and have required immunizations.				
3. Is a BIOHAZARD sign posted at the lab entrance?				
4. Does the BIOHAZARD sign include information on the agent(s) used, biosafety level, PI's name/telephone? *(Note: Select Agents are not posted)*				
5. Is the biohazard symbol used to identify equipment, containers, refrigerators, etc. that contain or are contaminated with microorganisms or rDNA materials?				
6. Are lab personnel provided with information regarding immune competence and conditions that may predispose them to infection?				

7. Are lab personnel offered appropriate immunizations?				
8. Supervisor ensures personnel receive appropriate biosafety training.				
9. Do lab personnel exercise a high degree of precaution with all contaminated sharp items, including needles/syringes, slides, pipettes, capillary tubes and scalpels?				
10. Laboratory surfaces decontaminated on a routine basis and after any spill of biological material.				
Biosafety Level 3	**YES**	**NO**	**N/A**	**Comments**
11. Clearly labeled spill kit containing absorbent material, gloves, disposable plastic scoops, tongs, biohazard bags and appropriate disinfectants are available in the laboratory.				
12. Spills and accidents reported to Supervisor and Biosafety Office. Medical follow-up as appropriate.				
13. Has the PI developed lab-specific biosafety procedures (e.g., Exposure Control Plan) and incorporated them into Standard Operating Procedures? Are lab personnel required to read the procedures?				
14. Gloves are changes frequently accompanied by handwashing.				
15. Copy of USA College of Medicine Biosafety Manual/Exposure Control Plan is available in laboratory.				
16. Supervisor ensures personnel demonstrate proficiency in standard and specific microbiological procedures.				
C. Safety Equipment (Primary Barriers)				
1. Are eye and face protection disposed of with other contaminated laboratory waste or decontaminated before use?				
2. Biosafety cabinet and other containment devices or personnel protective equipment used when:				
a.) potential for splashes/aerosols				
b.) high concentrations or large volumes of agents used				
3. When biohazardous materials must be manipulated outside a Class II biological safety cabinet, do lab personnel use face protection (e.g., goggles, mask, face shield) for unexpected splashes to the face?				
4. Is the Biosafety cabinet functional and current on inspection?				
5. When biohazardous materials must be manipulated outside a Class II biological safety cabinet, do lab personnel use face protection (e.g., goggles, mask, face shield) for unexpected splashes to the face?				
6. Side or back fastening gowns worn and removed prior to exiting lab.				
7. Hangers are provided for laboratory coat storage.				
8. Gloves worn when working with agents. Alternatives to powdered latex available.				
D. Laboratory Facilities (Secondary Barriers)				
1. Does lab contain a wrist-operated handwashing sink?				
2. Are bench tops impervious to water and resistant to acids, solvents and disinfectants?				
3. Provide lockable doors for restricted agents (42 CFR 72.6)				
4. Easily cleaned. No carpet or rugs. Chairs covered with materials such as vinyl for ease of decontamination.				
5. Eyewash readily available and checked weekly.				
6. Lab separated from building traffic. Two self-closing doors for entry. Clothes change room may be included.				
7. Wastes decontaminated, preferably within laboratory. Boxes not brought into laboratories, supplies emptied prior to entry.				
8. A continuous air flow into the lab must be maintained during the work of pathogens. All exhaust air must be HEPA filtered and released to the outside atmosphere via independent ducting. Lab has negative pressure air control to provide time for proper and safe disinfection.				
9. Isolated vacuum lines protected with HEPA filters and liquid disinfectant traps.				
E. Training of Personnel				
1. Documented bloodborne pathogen/biosafety training?				
2. Documented emergency response? (accidental exposure plan)				

Additional comments/observations:

Signatures:

X: _____
X: _____

Date: _____/_____/_____

******Administrative Use Only******

INSPECTION FINDINGS

Code M= Minor Deficiency **Code S= Significant Deficiency**

Checklist Number	Code	Deficiencies	Required Corrective Actions