

**University of Rochester**  
**Institutional Biosafety Committee**  
**Laboratory Inspection for Biosafety Level 2 Compliance**

Principal Investigator:

Inspection Date:

Department:

P. O. Box:

Employee Interviewed:

Location where BSL-2 precautions are required:

Facilities and procedures have been reviewed and are adequate and consistent with the appropriate guidelines.

Facilities and procedures have been reviewed for consistency with biosafety level 2 precautions; and concerns are noted below. **Please respond back to me as soon as possible but no later than 7 days with an e-mail outlining your corrective actions.**

\_\_\_\_\_  
IBC Technical Associate

\_\_\_\_\_  
Date

Access to Laboratory & Hazard Warnings	Yes	No	NA
(1) Access to the laboratory is limited or restricted at the discretion of the Principal Investigator while experiments are in progress.			
(2) The universal biohazard sign is posted on all laboratory access doors while experiments are in progress and on all doors leading to biohazard storage areas.  A sign incorporating the universal biohazard symbol must be posted at the entrance to the lab when the agents are present or on doors leading to storage areas. The sign must include the name of the agents (no abbreviations), the biosafety level, and two contact names. Personal contact information should not be posted on lab doors. Rather, contact numbers should be forwarded to Security Services with the contact names for the specific spaces.  If the agents are used in a discrete space such as an enclosed alcove (alcove with a door) within the main lab, then signs must be posted on both the main access door and on the door to the alcove. The information on the sign for the main lab door must additionally include the room number of the alcove.			
(3) The universal biohazard sign is posted on all units used to store organisms containing biohazardous materials. The sign includes the name of the agents. If the storage unit is located in an equipment room or in a corridor, then the unit is labeled with the biohazard symbol, the agent(s) name, and the names of responsible individuals and their after hours contact information. Instead of listing your personal contact information on your storage units, you can register your after hours contact information with Security Services.			

Emergency Procedures	Yes	No	NA
(4) University emergency plans (flipcharts) are posted in the laboratory.			
(5) Site-specific plans for spills and exposures are available.			

<b>Training</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
(6) Personnel attend the University's Safety Training annually found at <a href="http://www.safety.rochester.edu/ih/ihlabhome.html">http://www.safety.rochester.edu/ih/ihlabhome.html</a>			
(7) Site-specific training is performed at least upon hire and annually thereafter.			
(8) Site-specific training is documented. A documentation tool is found at the end of the lab biosafety manual template <a href="http://www.safety.rochester.edu/ibc/doc/Labsafetymanual.doc">http://www.safety.rochester.edu/ibc/doc/Labsafetymanual.doc</a>			
(9) Lab specific biosafety information is available, and personnel are required to be familiar with it. Information that should be included: general information regarding biohazardous agent, routes of disease transmission, recommended vaccinations, signs and symptoms of disease, personal protective equipment required, waste handling protocol, spill clean up procedures for inside and outside containment equipment including centrifuges, exposure follow-up procedure, aerosol control procedure, and general biosafety information. Refer to <a href="http://www.safety.rochester.edu/labbiosafe/biosftyrequireresource.html">http://www.safety.rochester.edu/labbiosafe/biosftyrequireresource.html</a> for additional biosafety resources.  A template for developing a lab biosafety manual is available <a href="http://www.safety.rochester.edu/ibc/doc/Labsafetymanual.doc">http://www.safety.rochester.edu/ibc/doc/Labsafetymanual.doc</a>			

<b>Engineering Controls</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
(10) Vacuum lines are protected with filters and liquid disinfectant traps, or the equivalent, which are routinely maintained and replaced as needed.			
(11) Biosafety cabinets and other containment equipment are used with aerosol producing tasks (blending, grinding, sonicating, shaking, opening containers whose internal pressures may be different from ambient pressure) unless equipment design provides for aerosol containment.			
(12) Biosafety cabinets are certified annually. Date:			
(13) Centrifuges and microfuges are located within the laboratory.			
(14) Centrifuge safety cups or sealed rotors are available. For older centrifuges for which no safety cups/sealed rotors are available, the spills/exposure plan is posted by the centrifuge, and PPE and disinfectant are readily available.			
(15) Mechanical pipetting devices are used.			

<b>Work Practices</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
(16) Hand washing facilities are available, and persons wash their hands after handling recombinant DNA or other biohazardous materials and before leaving the laboratory.			
(17) Pipetting by mouth is prohibited.			
(18) Eating, drinking, smoking, applying cosmetics, and food storage are not permitted in the work area.			

<b>Medical Surveillance</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
(19) All persons working with human blood, body fluids, or tissues; primary human cells; and human cell lines (including established lines) have been offered the hepatitis B vaccination series. Contact University Health Services Occupational Health Program for assistance in formally offering and declining the vaccine, vaccine administration, and record keeping. Please refer to <a href="http://www.safety.rochester.edu/ih/hepbvaccine.html">http://www.safety.rochester.edu/ih/hepbvaccine.html</a> for additional information.			
(20) All individuals working with vaccinia virus or its recombinants have been offered the vaccinia virus vaccine. Please refer to <a href="http://www.safety.rochester.edu/ibc/ibcvv.html">http://www.safety.rochester.edu/ibc/ibcvv.html</a> for additional information. Contact University Health Services Occupational Health Program for assistance in formally offering and declining the vaccine, vaccine administration, and record keeping.			
(21) Individuals at increased risk of susceptibility to infection (e.g. pre-existing disease, medication, compromised immunity, pregnancy or breastfeeding) have been referred to University Health Services Occupational Health Program for confidential job-related risk counseling.			

<b>Sharps Safety</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
(22) A sharps safety plan has been developed for this project or the lab.			
(23) Safety needles are used for: <ul style="list-style-type: none"> <li>a. Human blood draws and agent administration – required by OSHA law (Refer to the Exposure Control Plan for Bloodborne Pathogens Appendix VIII for further information <a href="http://www.safety.rochester.edu/ih/bbpindex.html">http://www.safety.rochester.edu/ih/bbpindex.html</a>);</li> <li>b. Non-human primate blood draws and agent administration;</li> <li>c. Administration of infectious agents or hazardous chemicals to research animals;</li> <li>d. Withdrawing fluids from animals with active infection;</li> <li>e. Whenever recapping is necessary to change or take needle off syringe.</li> </ul>			
(24) Extreme caution is used when handling needles and syringes to avoid autoinoculation and the generation of aerosols during use and disposal.			
(25) Sharps including needles, razors, scalpels, contaminated broken glass and pasteur pipettes are disposed of in a sharps shelter.			
(26) Contaminated needles are not sheared, bent, or recapped prior to disposal.			

<b>Waste Disposal and Decontamination</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
(27) All solid biological wastes are red bagged for institutional autoclaving. The red bags are sufficiently durable to prevent leakage.			
(28) Liquid biological waste is decontaminated prior to disposal. Method: chemically decontaminated with bleach			
(29) Contaminated materials (excluding equipment) are decontaminated before reuse or washing.			
(30) Laboratory equipment and work surfaces are decontaminated daily and immediately following spills of viable material. The decontaminant used is:			
(31) Spills of infectious materials are contained, decontaminated, and clean up by appropriate professional staff, or other properly trained and equipped to work with concentrated infectious materials.			
(32) Equipment is decontaminated before it is sent for repair or maintenance and packaged for transport in accordance with applicable local, state, or federal regulations, before removal from facility.			

<b>Personal Protective Equipment</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
(33) Gloves are available. Alternates to powdered latex gloves are available.			
(34) Clothing protection is available (lab coats or gowns) and is worn.			
(35) Face protection is available (chin-length face shield OR alternatively safety glasses / goggles and surgical masks) in the BSL2 area.			
(36) Contaminated protective clothing including gloves is not worn outside the laboratory.			
(37) Lab coats are laundered by the institution.			

<b>Miscellaneous</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
(38) The laboratory is kept neat and clean.			
(39) Laboratory doors are kept closed while experiments are in progress & all storage units, located in public hallways, are kept locked.			
(40) Animals unrelated to BSL-2 work are excluded from BSL-2 demarcated area. The laboratory staff has considered the transmission of BSL-2 agents to animals that are unrelated to the experiments.			
(41) Concurrent experiments of a lower biosafety level are carried out only in demarcated areas.			
(42) A plumbed eyewash station is available within 50 feet of the hazard location. In areas not having an approved eyewash, lab personnel MUST wear full face protection (a chin-length face shield, or alternatively, safety glasses/goggles and a mask) until an eyewash is installed.			
(43) The eyewash is activated weekly.			
(44) Eyewash activation is documented. Here's a link to an eyewash log template: <a href="http://www.safety.rochester.edu/ibc/pdf/EyewashRecord.pdf">http://www.safety.rochester.edu/ibc/pdf/EyewashRecord.pdf</a>			
(45) Materials transported away from the laboratory are packaged in durable leak-proof secondary containers, which are closed before removal from the laboratory and which have a biohazard sticker on the outside container. An absorbent sufficient to absorb all liquid is placed between the inner and outer container. <a href="http://www.safety.rochester.edu/pdf/transportsample.pdf">http://www.safety.rochester.edu/pdf/transportsample.pdf</a>			