## Laboratory Biosafety Level 2 Inspection Report (5/2017)

## Oklahoma State University Institutional Biosafety Committee 223 Scott Hall Stillwater, OK 74078

Lab Director:	Inspected By:	
Lab Location (Bldg/Rm Nos.):	Department:	Inspection Type:
		$\Box$ Initial $\Box$ Annual $\Box$ 3 yr Renewal
Lab Safety Officer:	College/Department Safety Officer:	Inspection Date:
List of Agents that will be Used/Stored in	Lab	Agents/toxins are a risk to:
(Check all applicable agent categories and	d list agents by category):	
□Recombinant DNA:	$\Box$ Parasitic:	□Humans
□Bacterial:	□Toxin:	□Animals
$\Box$ Viral:	$\Box$ Prion:	
□Fungal:	□Other:	
Biosafety Level 2 (BSL-2): Suitable	e for working with pathogenic age	nts that pose a moderate risk to lab personnel or
the environment. Lab access is restricte	d when work is in progress. Extr	eme precautions are taken regarding the use of
sharps. Procedures that may generate in	fectious aerosols or splashes are	performed in a biosafety cabinet or physical

containment equipment. Lab personnel are trained to handle pathogens.

BSL	AGENTS	PRACTICES	SAFETY EQUIPMENT	FACILITIES
	Associated with human	BSL-1 practices plus:	Primary Barriers: Class	BSL-1 plus:
	disease. Hazard =	•Limited access	I or II BSCs or other	<ul> <li>Autoclave available</li> </ul>
	percutaneous injury,	•Biohazard warning signs	physical containment	
	ingestion, mucous	<ul> <li>Sharps precautions</li> </ul>	devices used for all	
2	membrane exposure.	●Biosafety manual	manipulations of agents	
		defining any needed waste that cause splashes or		
		decontamination or	aerosols of infectious	
		medical surveillance	materials;	
		policies	<b>PPE:</b> Lab coats, gloves,	
1			face protection as needed	
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IBC Disposition:							
Approved for Work at:							
□Provisionally Approved for Work at:□BSL-2							
Comments:							
IBC Chair Signature:	Date:	<b>Biological Safety Officer Signature:</b>	Date:				

INSPECTION CHECKLIST					
	Verbal Inspection	YES	NO	N/A	Comments
1.1	Lab access limited/restricted when work with cultures/specimens is in progress				
1.2	Laboratory doors are kept shut at all times and are locked when laboratory personnel are not present.				
1.3	Select agent labs: access is restricted to SRA cleared personnel when lab is hot and when SATs are present; non-SRA cleared personnel are escorted				
1.4	Non lab personnel are escorted				
1.5	Minimum requirements to enter and work in lab are established and enforced.				
1.6	Personnel at risk of acquiring infections or for whom infections may have serious consequences are denied access to lab				
1.7	All personnel are advised of potential hazards prior to entering and working in the lab				
1.8	Lab personnel receive appropriate training on standard operating procedures, potential hazards, precautions to prevent exposures, and exposure evaluation procedures				
1.9	Lab personnel have read and follow biosafety procedures and practices				
1.10	Lab personnel are trained in the opening of packages containing biohazards				
1.11	Personnel are trained on how to contain, decontaminate, and clean spills				
1.12	All lab employees have attended chemical hygiene or hazard communication training				
1.13	Lab personnel receive annual refresher training and/or additional training as necessary	_			
1.14	Lab personnel have been offered appropriate immunizations for agents and materials handled or potentially present in laboratory (e.g., Hepatitis B vaccine, Influenza vaccine, etc.)				
1.16	Baseline and periodic serum samples are collected/stored as dictated by risk assessment				
1.17	Protective laboratory clothing such as a lab coats, solid- front or wrap-around gown, scrub suits or coveralls is worn when handling recombinant/infectious materials				
1.18	Eye and face protection (e.g., goggles, mask, face shield, or other splatter guard) is used for anticipated splashes or sprays of biohazardous materials				
1.19	Persons who wear contact lenses in the laboratory also wear eye protection				
1.20	Eye and face protection is disposed of as biohazardous waste or decontaminated before reuse				/ / /
1.21	Personnel using respirators are enrolled in Respiratory Protection Program				
1.23	Gloves are worn if hands are at risk of contact with infectious materials, infected animals, or contaminated surfaces				
1.24	Gloves are not worn outside of the lab or when touching "clean" surfaces (e.g., telephones, keyboards, elevator buttons, etc.)				
1.25	Lab personnel wash hands after handling biohazardous materials, after removing gloves, and before leaving the lab				
1.26	PPE is changed when contaminated, when the integrity is compromised, or at the completion of work				

1.27         dis           1.28         Prolab           1.29         Soil	sposable PPE, including gloves, is not reused and is sposed of as biohazardous waste otective clothing is either discarded appropriately in the		
<b>1.28</b> Pro lab			
1 20 Soi	o or laundered on-site		
uis	iled/used lab clothing is autoclaved or chemically sinfected before laundering		
	PPE is removed and left in lab before leaving		
	eating, drinking, smoking, handling contact lenses, plying cosmetics, or storing human food in lab	· · · · · · · · · · · · · · · · · · ·	
1 22 Me	echanical pipetting devices are used (i.e., no mouth betting)		
	arps handling policies and practices in place		
1.54	asticware is substituted for glassware whenever possible		
<b>1.35</b> Bro	oken glassware is only handled by mechanical means		
	edle/syringe use is kept to absolute minimum.		
<b>1.37</b> per	aly needle-locking syringes or syringes with rmanently affixed needles are used for injection or piration of infectious materials		
<b>1.38</b> fro	eedles are not bent, sheared, broken, recapped, removed om disposable syringes, or otherwise manipulated prior disposal		
<b>1.39</b> Share appresent to the second	arps containers are decontaminated (e.g., autoclaved or propriate chemical treatment) prior to disposal or processing		
	b maintains a needlestick injury log		
	ocedures minimize splashes/aerosols		
<b>1.42</b> dir rep	ills and accidents are immediately reported to the lab rector (f spill is outside primary containment and >10ml port to the BSO immediately)		
1.43 dec	ork surfaces including those in the BSC are contaminated at the completion of work and after any ill or splash of viable material		
<b>1.44</b> pri	b equipment is decontaminated on routine basis and for to sending it for repair/maintenance or packaging it r shipment		
	method for decontaminating lab waste (e.g., autoclave) available in the building		
<b>1.46</b> dur trai	aterials decontaminated outside of lab are transported in rable, leak-proof, closed containers (e.g., plastic bags nsported in tray or pan with a leakproof bottom)		
1.47 dec	aterials to be removed from the facility for contamination are packed in accordance with applicable cal, state, and federal regulations		
1 49 Cu	iltures, stocks, and regulated wastes are decontaminated an approved method ( <i>e.g.</i> , autoclaving) before disposal		
Cu 1.49 kep	Iltures, tissues, specimens, and infectious wastes are pt in covered, leak-proof containers during collection, ndling, processing, storage, transport, and shipment.		
1 50 Th	ere are written procedures in place for offsite nsportation of biohazards		
1 E1 WI	ritten procedures are in place for handling leaking or maged packages containing biohazards		
1 52 An	nimals and plants not associated with the work are not rmitted in the laboratory		
	n insect and rodent control program is in effect		

	Verbal Inspection	YES	NO	N/A	Comments
1.54	A Class II BSC or equivalent is used for procedures that have the potential to create aerosols or splashes and for work w/ high concentrations (> $10^8$ cfu/ml) or large volumes (>1 liter) of infectious agent				
	Visual Inspection		NO	N/A	Comments
2.1	Lab is located away from public areas				
2.2	Lab has lockable doors for access control				
2.3	Biohazard signage including a biohazard symbol, the lab biosafety level, required immunizations, required PPE, required lab exit procedures, and emergency contact information is posted at all lab entrances when infectious agents are present				
2.4	Emergency contact information (including the Biosafety Officer's contact information) is posted in a conspicuous location				
2.5	A lab-specific biosafety manual has been developed and is available in the lab				
2.6	SDSs are available for any biohazards used in the lab				
2.7	Training of personnel is adequately documented				
2.8	Spill clean-up procedures are developed and posted				
2.9	Lab has adequate lighting				
2.10	Lab is designed to be easily cleaned (e.g., no carpets/rugs, spaces between cabinets/equipment/furniture are accessible, etc.)				
2.11	Bench tops are impervious to water and resistant to heat, organic solvents, acids, alkalis, and disinfectants.				
2.12	No fabric upholstered/covered furniture or chairs				
2.13	Lab has a sink for hand washing		1		
2.14	BSC is tested and certified at least annually				
2.15	BSC is not located near doors, windows that can be opened, or heavy traffic areas				
2.16	The front grill of the BSC not blocked or covered and cabinet is free of clutter				
2.17	Vacuum lines are protected with liquid disinfectant traps or are HEPA filtered.				
2.18	Sharps containers are labeled, conveniently located, and puncture resistant				
2.19	Containers for non-disposable sharps are hard-walled and leak proof				/
2.20	Effective disinfectants are available for all agents in use				
2.21	Refrigerators and freezers containing biohazards are labeled with a biohazard symbol				
2.22	All lab equipment that may be contaminated is labeled with a biohazard symbol				
2.23	All containers holding biohazardous materials are labeled with a biohazard symbol				
2.24	All biohazard waste receptacles are closed/covered when not in use or waste is autoclaved daily				
2.25	Lab windows that open to the outside are fitted with fly screens				
2.26	An eyewash station is readily available				
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<b>INSPECTION FINDINGS</b> Code M = Minor Deficiency Code S = Significant Deficiency						
Checklist Number	Code	Deficiencies	Required Corrective Actions	Suspense		