

Laboratory checklist for designating Biological Safety Level 2 (BSL-2) at Humboldt State

Print PI Name: _____

BUA# _____

Each item on this checklist is a separate requirement under either federal, state, local or University regulations or requirements for work requiring containment at biosafety level 2 (BSL-2). The first two pages of this document serve as the “checklist.” The remaining pages provide a brief explanation of each item and links to more information. Upon request from the EH&S Biological Safety Officer or the Institutional Biosafety Committee, print and complete, sign, and return the first two pages to SBS 311. If you mark “NA” to a requirement, you must indicate why in the space provided. For help with your risk assessment or biosafety containment facilities, equipment, or practices, contact the university Biosafety Officer at 826-3302

Building Name: **Room number(s):** _____
(Complete/NA)



(For each line, if NA indicate why)

<input type="checkbox"/>	<input type="checkbox"/>	Forms, Documents, and Training	3
<input type="checkbox"/>	<input type="checkbox"/>	Safety Plan & Biological Use Authorization (BUA) submitted	3
<input type="checkbox"/>	<input type="checkbox"/>	A Biosafety manual has been adopted and is available	3
<input type="checkbox"/>	<input type="checkbox"/>	BSL-2 and rDNA training requirements met	3
<input type="checkbox"/>	<input type="checkbox"/>	Annual Supervisor Checklist and annual safety review	3
<input type="checkbox"/>	<input type="checkbox"/>	Bloodborne pathogens requirements met (including human cell lines)	4
		Laboratory Facilities	4
<input type="checkbox"/>	<input type="checkbox"/>	Proper doors in place, closed while working	4
<input type="checkbox"/>	<input type="checkbox"/>	Entryway signs posted	4
<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sink, soap, and paper towels	4
<input type="checkbox"/>	<input type="checkbox"/>	Easily cleanable surfaces	5
<input type="checkbox"/>	<input type="checkbox"/>	Proper benchtops	5
<input type="checkbox"/>	<input type="checkbox"/>	Proper chairs located at biological safety cabinets	5
<input type="checkbox"/>	<input type="checkbox"/>	Proper windows	5
<input type="checkbox"/>	<input type="checkbox"/>	Biological Safety Cabinet location	5
<input type="checkbox"/>	<input type="checkbox"/>	Filter in place on vacuum-lines	5
<input type="checkbox"/>	<input type="checkbox"/>	Eyewash station meets University requirements	6
<input type="checkbox"/>	<input type="checkbox"/>	Emergency shower	6
<input type="checkbox"/>	<input type="checkbox"/>	Proper ventilation	6
<input type="checkbox"/>	<input type="checkbox"/>	Biological Safety Cabinet exhaust	6
<input type="checkbox"/>	<input type="checkbox"/>	Autoclave is available for waste	6
<input type="checkbox"/>	<input type="checkbox"/>	Properly validating and documenting autoclave waste treatment	7
<input type="checkbox"/>	<input type="checkbox"/>	Proper collection and disposal of liquid (culture) waste	7
		Safety Equipment	7
<input type="checkbox"/>	<input type="checkbox"/>	Biohazard labels posted on equipment	7
<input type="checkbox"/>	<input type="checkbox"/>	Biological safety cabinet maintenance	7
<input type="checkbox"/>	<input type="checkbox"/>	Biological safety cabinet properly used	7
<input type="checkbox"/>	<input type="checkbox"/>	Centrifuge safety precautions taken	8
<input type="checkbox"/>	<input type="checkbox"/>	Lab coats are worn and not taken home	8
<input type="checkbox"/>	<input type="checkbox"/>	Eye & face protection is available and worn	8
<input type="checkbox"/>	<input type="checkbox"/>	Gloves are available and worn	8
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory protection in place with infected animals	9
<input type="checkbox"/>	<input type="checkbox"/>	Sharps precautions are observed	9

Special practices	9
<input type="checkbox"/> <input type="checkbox"/> Entry/exit requirements are established	9
<input type="checkbox"/> <input type="checkbox"/> Need for medical surveillance/serum samples evaluated	9
<input type="checkbox"/> <input type="checkbox"/> Need for immunizations has been evaluated	10
<input type="checkbox"/> <input type="checkbox"/> Worker proficiency has been demonstrated to PI	10
<input type="checkbox"/> <input type="checkbox"/> Proper containerization will be followed	11
<input type="checkbox"/> <input type="checkbox"/> Routine surface disinfection and equipment decontamination followed	11
<input type="checkbox"/> <input type="checkbox"/> Spill kit & clean-up procedures are in place	11
<input type="checkbox"/> <input type="checkbox"/> Exposure incidents will be properly reported	11
<input type="checkbox"/> <input type="checkbox"/> Pets & house plants excluded from BSL-2 area	11
<input type="checkbox"/> <input type="checkbox"/> Aerosol generation precautions are taken	12

Signature, Principal Investigator or designee

Date

Who may EH&S contact with questions about this form?

Print Name _____ Contact phone _____ Email address _____

EH&S Action

- _____
Approved
- _____
Approved pending IBC approval
- _____
Not approved
- _____
Not approved, comments attached

EH&S Biological Safety Officer

Date

