

Laboratory Self Audit 2022 Checklist

The Laboratory Self Audit (LSA) is an online inspection checklist for FIU's laboratory community intended to cultivate a proactive approach to safety and regulatory compliance.

Utilize this checklist to conduct a quick safety walkthrough of your area before commencing the LSA.

The LSA must be submitted through the online portal. For more information, visit EH&S's LSA web page:

<https://ehs.fiu.edu/safety-programs/laboratory/index.html#3>

Important Dates:

On August 30th, 2022,

LSA & LSA Feedback Survey opens

On November 30th, 2022,

LSA closes

Legend

Cell Color	Definition
	Section Heading
	Display Logic: denotes questions that will display when conditions are met.
	Skip Logic: denotes questions that will skip ahead when conditions are met.
	Display Choice: denotes responses that will appear when conditions are met.
	Display Selected Choices: denotes responses that were previously selected.
<input type="radio"/>	Select one option
<input type="checkbox"/>	Select all that apply
<input style="width: 30px; height: 15px;" type="text"/>	Fill in the blank

Q#	QUESTIONS	OPTIONS
IDENTIFICATION		
2.2	Identify Primary	First Name <input type="text"/> Last Name <input type="text"/> FIU Email <input type="text"/> Role (Job Title) <input type="text"/> Department <input type="text"/>
2.3	Identify Alternate	First Name <input type="text"/> Last Name <input type="text"/> FIU Email <input type="text"/> Role (Job Title) <input type="text"/> Department <input type="text"/>
2.4	Is the space shared? If so, identify all groups in the space	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No
2.5	Identify Location:	Campus <input type="text"/> Building Initials <input type="text"/> Room Number <input type="text"/>
2.6	Do you have an Annex to be incorporated? If so, specify	<input type="radio"/> Yes <input type="text"/> <input type="radio"/> No
2.7	Define type	<input type="radio"/> Academic <input type="radio"/> Research
2.8	Simple description of operations	<input type="text"/>
INVENTORY		
3.2	Select <u>all</u> Special Hazards	<input type="checkbox"/> Biological Materials <input type="checkbox"/> Biological Waste Generator <input type="checkbox"/> Chemicals <input type="checkbox"/> Controlled Substances <input type="checkbox"/> Cryogenes <input type="checkbox"/> Dry Ice <input type="checkbox"/> Laser(s) <input type="checkbox"/> Compressed Gas Cylinders <input type="checkbox"/> Hazardous Waste Generator <input type="checkbox"/> Nanomaterial/technology <input type="checkbox"/> Radioactive Materials/Equipment <input type="checkbox"/> No Hazards
3.3	Select <u>all</u> Equipment:	<input type="checkbox"/> Freezer(s) <input type="checkbox"/> Refrigerator(s) <input type="checkbox"/> Sterilization Equipment <input type="checkbox"/> No Equipment
3.4	Select <u>all</u> Safety Equipment	<input type="checkbox"/> Biological Safety Cabinet <input type="checkbox"/> Deluge Hose/Eye Wash/Safety Shower <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Fume Hood <input type="checkbox"/> Safe for C.S. Q3.2 =Controlled Substance <input type="checkbox"/> Other (specify) <input type="text"/> <input type="checkbox"/> No Safety Equipment

3.5	Is Hotwork conducted?	<input type="radio"/> Yes <input type="radio"/> No
3.6	Does the space have sink(s)?	<input type="radio"/> Yes <input type="radio"/> No
3.7	IF Q3.3 = Freezer	
	Are freezers on emergency backup outlets?	<input type="radio"/> Yes <input type="radio"/> No
3.8	IF Q3.6 = Yes	
	'Restrict chemical discharge' sticker on all sinks?	<input type="radio"/> Yes <input type="radio"/> No
3.9	What is current status of space?	<input type="radio"/> Active <input type="radio"/> Inactive
3.10	IF Q3.9 = Inactive	
	Explain why space is Inactive:	<input type="text"/>
	IF Q3.10 ≠ blank > Skip to End of Survey	
GENERAL		
4.2	Broken sharps/glass container available?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A (does not apply)
4.3	No food or drinks present?	<input type="radio"/> Yes <input type="radio"/> No
4.4	PPE available and in good condition?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A (does not apply)
4.5	Do occupants utilize PPE?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4.6	Missing or broken ceiling tiles?	<input type="radio"/> Yes <input type="radio"/> No
4.7	Perforations or holes in the walls?	<input type="radio"/> Yes <input type="radio"/> No
4.8	Cracks on the floor?	<input type="radio"/> Yes <input type="radio"/> No
4.9	Evidence of water intrusion, mold, or visible leak?	<input type="radio"/> Yes <input type="radio"/> No
4.10	IF Q4.6, Q4.7, OR Q4.8 = Yes	
	Define Current Status	<input type="radio"/> Ongoing, explain actions taken <input type="text"/> <input type="radio"/> No Actions, explain why no actions <input type="text"/> <input type="radio"/> Other, explain <input type="text"/>
4.11	IF Q4.9 = Yes	
	Define Current Status	<input type="radio"/> Ongoing, explain actions taken <input type="text"/> <input type="radio"/> No Actions, explain why no actions <input type="text"/> <input type="radio"/> Other, explain <input type="text"/>
4.12	Electrical Receptacles in good condition?	<input type="radio"/> Yes <input type="radio"/> No
4.13	GFCI installed when applicable?	<input type="radio"/> Yes <input type="radio"/> No

		<input type="radio"/> N/A (no water source)		
4.14	Electrical out of the way?	<input type="radio"/> Yes <input type="radio"/> No		
4.15	18 inches of clearance from the ceiling?	<input type="radio"/> Yes <input type="radio"/> No		
4.16	Storage is limited, not obstructing egress, and located away from entrances and exits?	<input type="radio"/> Yes <input type="radio"/> No		
4.17	IF Q3.2 = No Hazards AND Q3.3 = No Equipment AND Q3.4 = No Safety Equipment			
	No Hazards selected, end survey?	<input type="radio"/> Yes, End Survey		
IF Q4.17 = "Yes..." > End Survey				
ADMINISTRATIVE				
5.2	Emergency Signage on <u>all</u> entry points?	<input type="radio"/> Yes <input type="radio"/> No		
5.3	Hazard signage on materials & equipment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A Q3.2 = No Hazards		
5.4	Vision panel clear?	<input type="radio"/> Yes, clear <input type="radio"/> No, is obstructed <input type="radio"/> Obstructed due to Laser(s) Q3.2 = Laser <input type="radio"/> No Vision Panel		
5.5	Is access limited/restricted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		
5.6	IF Q3.2 = Bio Materials; Bio Waste Generator; Chemical; Controlled Substance; Cryogen; Dry Ice; Laser; Compressed Gas Cylinder; Hazardous Waste Generator; Nano material/technology; OR Radioactive Materials/Equipment.			
	Spill kits in place for <u>all</u> hazards, define below? Display Q3.2's choices	<input type="radio"/> Yes, spill kits in place <input type="radio"/> Some spill kits in place <input type="radio"/> No spill kits in place		
5.7	Descriptions of Documents for next question.			
5.8	Select <u>all</u> documents that are up-to-date, displayed, and accessible.			
	Required Documents	Up-To-Date	Displayed	Accessible
	Standard Operating Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Emergency Hazardous Spill Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency Incident/Injury Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency Evacuation Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency Shutdown Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*Safety Data Sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*IF Q3.2 = Biological Materials; Bio Waste Generator; Chemical; Controlled Substance; Cryogen; Dry Ice; Laser; Compressed Gas Cylinder; Hazardous Waste Generator; Nanomaterial/technology; OR Radioactive Materials/Equipment.			

5.9	Select <u>all</u> documents reviewed and acknowledged by all lab staff:	<input type="checkbox"/> Standard Operating Procedures <input checked="" type="checkbox"/> *Emergency Hazardous Spill Procedures <input type="checkbox"/> Emergency Incident/Injury Procedures <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Emergency Shutdown Procedures <input checked="" type="checkbox"/> *Safety Data Sheets <input type="checkbox"/> None are reviewed annually <div style="background-color: #92d050; padding: 5px;">*IF Q3.2 = Biological Materials; Bio Waste Generator; Chemical; Controlled Substance; Cryogen; Dry Ice; Laser; Compressed Gas Cylinder; Hazardous Waste Generator; Nano material/technology; OR Radioactive Materials/Equipment;</div>
5.10	Select <u>all</u> required safety training	<input type="checkbox"/> EH&S Safety Training <input type="checkbox"/> On-the-Job Safety Training <input type="checkbox"/> External Training
5.11	Training Records for all occupants displayed and/or accessible?	<input type="radio"/> Training Records displayed <input type="radio"/> Some Training Records displayed <input type="radio"/> Training Records NOT displayed
5.12	IF Q3.2 = Freezer OR Refrigerator	
	Does Freezer/Refrigerator have current inventory displayed?	<input type="checkbox"/> *Refrigerator Inventory Current <input checked="" type="checkbox"/> **Freezer Inventory Current <input type="checkbox"/> Inventories not current <div style="background-color: #92d050; padding: 5px;">*IF Q3.3 = Refrigerator **IF Q3.3 = Freezer</div>
SPECIAL HAZARDS SAFETY		
6.2	IF Q3.2 = Radioactive material/equipment	
	Specify type of Radioactive Material and/or Equipment:	<input type="checkbox"/> Technically Enhanced Natural Occurring Materials (TENORM) <input type="checkbox"/> Radioactive Materials <input type="checkbox"/> Sealed Sources <input type="checkbox"/> Checked Sources <input type="checkbox"/> Devices that emit X-Rays
6.3	IF Q3.2 = Nanomaterials/technology	
	Select Nano base material:	<input type="checkbox"/> Carbon-based <input type="checkbox"/> Metal-based <input type="checkbox"/> Quantum Dots <input type="checkbox"/> Dendrimers <input type="checkbox"/> Composite <input type="checkbox"/> Other (specify) <input style="width: 50px;" type="text"/>
6.4	IF Q3.2 = Laser	
	Specify Laser classes:	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3R <input type="checkbox"/> Class 3B <input type="checkbox"/> Class 4 <input type="checkbox"/> Other (specify) <input style="width: 50px;" type="text"/>

6.5	IF Q3.2 = Biological Materials OR Bio Waste Generator	
	Select <u>all</u> the biological materials:	<input type="checkbox"/> Bacteria <input type="checkbox"/> Biological Toxins <input type="checkbox"/> Fungi <input type="checkbox"/> Insects/Invertebrates <input type="checkbox"/> Materials derived from animals <input type="checkbox"/> Materials derived from Humans <input type="checkbox"/> Non-human primates <input type="checkbox"/> Parasites <input type="checkbox"/> Plants <input type="checkbox"/> Recombinant DNA <input type="checkbox"/> Select Agents or Toxins <input type="text"/> <input type="checkbox"/> Virus <input type="checkbox"/> Other (specify) <input type="text"/>
6.6	IF Q3.2 = Biological Materials OR Biological Waste Generator	
	Are any Biological Material infectious?	<input type="radio"/> Yes <input type="radio"/> No
6.7	IF Q3.2 = Biological Materials OR Biological Waste Generator	
	Containers for solid bio waste available?	<input type="radio"/> Yes <input type="radio"/> No
6.8	IF Q3.2 = Compressed Gas Cylinders	
	Are gas cylinders secured and have 'stage of use' tags on?	<input type="radio"/> Yes <input type="radio"/> No
CHEMICAL SAFETY		
7.2	IF Q3.2 = Chemicals	
	Does the space have any of the following chemicals?	<input type="checkbox"/> Carcinogen <input type="checkbox"/> Peroxide Forming Materials <input type="checkbox"/> None of these options
7.3	IF Q7.2 = Carcinogen	
	Carcinogen containers labeled?	<input type="radio"/> Yes <input type="radio"/> No
7.4	IF Q7.2 = Peroxide Forming Materials	
	Peroxide's dated?	<input type="radio"/> Yes <input type="radio"/> No
7.5	IF Q7.2 = Peroxide Forming Materials	
	Peroxides checked/disposed every 6 months?	<input type="radio"/> Yes <input type="radio"/> No
7.6	IF Q3.2 = Chemicals	
	Is chemical Inventory current in EH&S's Chemical Inventory System?	<input type="radio"/> Yes, is current in new system <input type="radio"/> No, is not current in new system
7.7	IF Q3.2 = Chemicals	
	Chemical containers labeled with chemical name?	<input type="radio"/> Yes <input type="radio"/> No
7.8	IF Q3.2 = Chemicals	
	Containers compatible for chemical storage?	<input type="radio"/> Yes <input type="radio"/> No

7.9	IF Q3.2 = Chemicals	
	Chemicals stored by hazard category (not alphabetically)?	<input type="radio"/> Yes <input type="radio"/> No
HAZARDOUS WASTE & SATELLITE ACCUMULATION AREA		
8.2	IF Q3.2 = Chemicals, Hazardous Waste Generator	
	Does space have Satellite Accumulation Area (SAA)?	<input type="radio"/> Yes <input type="radio"/> No
8.3	IF Q3.2 = Chemicals, Hazardous Waste Generator	
	Required documentation posted and perimeter marked off in SAA?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No established SAA
8.4	IF Q3.2 = Chemicals, Hazardous Waste Generator	
	SAA location near the point of origin?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No established SAA
8.5	IF Q3.2 = Chemicals, Hazardous Waste Generator	
	Waste kept in secondary container?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No established SAA
8.6	IF Q3.2 = Chemicals, Hazardous Waste Generator	
	Waste segregated by separate secondary containers?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No established SAA
8.7	IF Q3.2 = Chemicals, Hazardous Waste Generator	
	All containers in good condition?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No established SAA
8.8	IF Q3.2 = Chemicals, Hazardous Waste Generator	
	All containers closed when unattended?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No established SAA
8.9	IF Q3.2 = Chemicals, Hazardous Waste Generator	
	All containers have EH&S Waste sticker (yellow)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No established SAA
8.10	IF Q3.2 = Chemicals, Hazardous Waste Generator	
	Less than 55 gallons stored in SAA?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No established SAA
8.11	IF Q3.2 = Chemicals, Hazardous Waste Generator	
	Containers filled to safe level?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No established SAA
SAFETY EQUIPMENT		
9.2	IF Q3.4 = Deluge Hose/Eye Wash/Safety Shower	
	Is Emergency Wash Unit free of obstructions?	<input type="radio"/> Yes <input type="radio"/> No
9.3	IF Q3.4 = Deluge Hose/Eye Wash/Safety Shower	

	Signage indicating Emergency Wash Unit's location?	<input type="radio"/> Yes <input type="radio"/> No
9.4	IF Q3.4 = Fume Hood	
	Fume Hood has current annual certification?	<input type="radio"/> Yes <input type="radio"/> No
9.5	IF Q3.4 = Fume Hood	
	Fume Hood clear of storage?	<input type="radio"/> Yes <input type="radio"/> No
9.6	IF Q3.4 = Biological Safety Cabinet	
	Biological Safety Cabinet has current annual certification?	<input type="radio"/> Yes <input type="radio"/> No
9.7	IF Q3.4 = Biological Safety Cabinet	
	Decontamination procedures available?	<input type="radio"/> Yes <input type="radio"/> No
9.8	IF Q3.4 = Sterilization Equipment	
	Sterilization Equipment certified annually?	<input type="radio"/> Yes <input type="radio"/> No