

Laboratory Self Audit 2023 Checklist

The Laboratory Self Audit (LSA) is an online inspection 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 1st, 2023,
On October 31st, 2023,

LSA opens.
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.
<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
Inventory Section		
3.1	Select <u>all</u> Special Hazards	<input type="checkbox"/> Biological Materials <input type="checkbox"/> Chemicals <input type="checkbox"/> Controlled Substances <input type="checkbox"/> Laser(s) <input type="checkbox"/> Compressed Gas Cylinders (includes Cryogen) <input type="checkbox"/> Nanomaterial/technology <input type="checkbox"/> Radioactive Materials/Equipment (Ionizing Radiation) <input type="checkbox"/> Generate Waste (Biological, Chemicals, Radioactive, Universal Waste, etc.) <input type="checkbox"/> <input checked="" type="checkbox"/> No Hazards
3.2 <i>NEW</i>	Display if "Generate Waste" is selected in 3.1 Select <u>all</u> types of waste generated	<input type="checkbox"/> Biological Waste <input type="checkbox"/> Chemical Waste <input type="checkbox"/> Radioactive Waste <input type="checkbox"/> Universal Waste <input type="checkbox"/> Combination Waste (two or more types of mixed waste) <input type="checkbox"/> Other, Specify: _____
3.3	Select <u>all</u> Safety Equipment	<input type="checkbox"/> Biological Safety Cabinet <input type="checkbox"/> Deluge Hose/ Eye Wash / Safety Shower <input type="checkbox"/> Fume Hood <input type="checkbox"/> Other (specify) <input type="checkbox"/> <input checked="" type="checkbox"/> No Safety Equipment
3.4 <i>NEW</i>	Select <u>all</u> that is present or performed in the space:	<input type="checkbox"/> Hand and Power Tool(s) <input type="checkbox"/> Machinery <input type="checkbox"/> Woodworking Operations <input type="checkbox"/> Dust Collector <input type="checkbox"/> Hazardous Energy <input type="checkbox"/> Electrical Panel(s) <input type="checkbox"/> Electrical Shutoff(s) <input type="checkbox"/> Confined Space(s) <input type="checkbox"/> Overhead Crane <input type="checkbox"/> Powered Industrial Truck(s) <input type="checkbox"/> <input checked="" type="checkbox"/> None of the above
3.5	Is hot work conducted?	<input type="radio"/> Hot work conducted with a permit <input type="radio"/> Hot work conducted WITHOUT a permit <input type="radio"/> No hot work conducted
3.6	Sink in space with EH&S sticker?	<input type="radio"/> Sink(s) present with EH&S sticker <input type="radio"/> Sink(s) present WITHOUT EH&S sticker <input type="radio"/> No sink(s) present

Q#	Questions	Options
3.7	Is space active or inactive?	<input type="radio"/> Active <input type="radio"/> Inactive
3.8	Display if "Inactive" is selected in 3.6	
	Explain why space is inactive	_____
		End Survey if 3.7 is not blank
General Safety Section		
4.1	No food or drinks present?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4.2	PPE available and checked for defects?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4.3	Do all occupants utilize PPE?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4.4 <i>NEW</i>	Is a visual inspection of the space performed annually, and all issues reported?	<input type="radio"/> Yes <input type="radio"/> No
4.5	Electrical outlets' faceplate in good condition?	<input type="radio"/> Yes <input type="radio"/> No
4.6	GFCI outlets installed if applicable?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4.7	Electrical cords are out of the way/not a trip hazard?	<input type="radio"/> Yes <input type="radio"/> No
4.8	Display if "No Hazards" is selected in 3.1 and "No Safety Equipment in 3.3	
	No hazards or safety equipment. End the survey?	<input type="radio"/> End Survey
		End Survey if "end survey" is selected in 4.8
Administrative Section		
5.1	Enrolled in the Emergency Signage Program?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
5.2	Signage on hazardous materials and equipment?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
5.3	Is access restricted to authorized personnel?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
5.4 <i>NEW</i>	Select all specialized disposable containers	<input type="checkbox"/> Broken Glassware Container <input type="checkbox"/> Sharps Container <input type="checkbox"/> Biohazard Bin <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> <input checked="" type="checkbox"/> None

Q#	Questions	Options
5.5	First aid kit is checked annually and restocked?	<input type="radio"/> Yes, First aid kit is present <input type="radio"/> Yes, First aid kit is present but not checked/restocked <input type="radio"/> No, First aid kit is NOT present <input type="radio"/> N/A
5.6	Spill kit for each type of hazard in the space?	<input type="radio"/> Yes, all spill kits in place <input type="radio"/> Some spill kits in place <input type="radio"/> No, spill kits are missing <input type="radio"/> N/A
5.7	Select all documents that are current and reflect all operations/hazards in the space.	<input type="checkbox"/> Standard Operating Procedures <input type="checkbox"/> Emergency Hazardous Spill Procedures <input type="checkbox"/> Emergency Incident or Injury Procedures <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Emergency Shutdown Procedures <input type="checkbox"/> <input checked="" type="checkbox"/> None are up-to-date <input type="checkbox"/> <input checked="" type="checkbox"/> None are required
5.8	Select all documents displayed in the space	<input type="checkbox"/> Emergency Hazardous Spill Procedures <input type="checkbox"/> Emergency Incident or Injury Procedures <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Emergency Shutdown Procedures <input type="checkbox"/> <input checked="" type="checkbox"/> None are displayed <input type="checkbox"/> <input checked="" type="checkbox"/> None are required
5.9	Select all documents the supervisor reviews with all space occupants annually	<input type="checkbox"/> Standard Operating Procedures <input type="checkbox"/> Emergency Hazardous Spill Procedures <input type="checkbox"/> Emergency Incident or Injury Procedures <input type="checkbox"/> Emergency Evacuation Procedures <input type="checkbox"/> Emergency Shutdown Procedures <input type="checkbox"/> <input checked="" type="checkbox"/> None are displayed <input type="checkbox"/> <input checked="" type="checkbox"/> None are required
5.10	Are all space occupants up-to-date with EH&S training?	<input type="radio"/> Yes, all occupants up-to-date <input type="radio"/> Some occupants are up-to-date <input type="radio"/> No, no occupant is up-to-date <input type="radio"/> EH&S training is not applicable
5.11	Training records for all space occupants displayed or accessible to all?	<input type="radio"/> All training records displayed/available <input type="radio"/> Some training records displayed/available <input type="radio"/> No training records displayed/available <input type="radio"/> EH&S training is not applicable
5.12 <i>NEW</i>	Has the supervisor conducted annual on-the-job training for all space occupants?	<input type="radio"/> Yes, annual on-the-job training performed <input type="radio"/> Some annual on-the-job training performed <input type="radio"/> No annual on-the-job training performed
Special Hazards Safety Sections		
6.1	Display if "Radioactive material/equipment" is selected in 3.1	

Q#	Questions	Options
6.1	Select all types of Radioactive material/equipment	<input type="checkbox"/> Technically Enhanced Naturally Occurring Materials (TENORM) <input type="checkbox"/> Radioactive Materials <input type="checkbox"/> Sealed Sources <input type="checkbox"/> Check Sources <input type="checkbox"/> Devices That Emit X-Rays <input type="checkbox"/> Other (specify) _____
6.2	Display if "Laser(s)" is selected in 3.1	
	Select all types of laser	<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) _____
6.3	Display if "Nanomaterials/technology" is selected in 3.1	
	Select all base Nanomaterials	<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) _____
6.4	Display if "Biological Materials" is selected in 3.1	
	Select all of the following types of biological materials	<input type="radio"/> Bio-infectious materials <input type="radio"/> Recombinant DNA (rDNA) <input type="radio"/> Neither of the ones mentioned
6.5	Display if "Compressed Gas Cylinder (includes Cryogen)" is selected in 3.1	
	Are gas cylinders secured and have "stage of use" tags?	<input type="radio"/> Yes <input type="radio"/> No
6.6	Display if "Chemicals" is selected in 3.1	
	Select all types of chemicals	<input type="checkbox"/> Carcinogen <input type="checkbox"/> Peroxide Forming Material <input type="checkbox"/> ☒ None of these options
6.7	Display if "Peroxide Forming Materials" is selected in 6.6	
	Are peroxides dated?	<input type="radio"/> Yes <input type="radio"/> No
6.8	Display if "Peroxide Forming Materials" is selected in 6.6	
	Are peroxides checked disposed of every six (6) months?	<input type="radio"/> Yes <input type="radio"/> No
6.9	Display if "Chemicals" is selected in 3.1	
	Is the chemical inventory current in the EHS Chemical Inventory System?	<input type="radio"/> Yes <input type="radio"/> No
6.10	Display if "Chemicals" is selected in 3.1	
	Are Safety Data Sheets for all chemicals accessible?	<input type="radio"/> Yes, all SDS are accessible <input type="radio"/> Some SDS are accessible

Q#	Questions	Options
6.10		<input type="radio"/> None are accessible
6.11	Display if "Chemicals" is selected in 3.1	
	Are chemical containers labeled with chemical name?	<input type="radio"/> Yes <input type="radio"/> No
6.12	Display if "Chemicals" is selected in 3.1	
	Chemical storage is compatible with chemical?	<input type="radio"/> Yes <input type="radio"/> No
6.13	Display if "Chemicals" is selected in 3.1	
	Chemicals stored by class, not alphabetically?	<input type="radio"/> Yes <input type="radio"/> No
6.14 <i>NEW</i>	Display if "Biological Waste," "Chemical Waste," "Radioactive Waste," "Universal Waste," "Combination Waste (two or more types of mixed waste)," "Other, Specify:" is selected in Q3.2.	
	Select all types of specialized waste containers	<input type="checkbox"/> Biological/Biomedical Waste Container <input type="checkbox"/> Satellite Accumulation Area for Hazardous Waste (Chemical) <input type="checkbox"/> Solid Hazardous Waste Container <input type="checkbox"/> Radioactive Waste Container <input type="checkbox"/> Universal Waste Container <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Combination Waste Container (specify combination) _____ <input type="checkbox"/> <input checked="" type="checkbox"/> None of the above
Safety Equipment Section		
7.1	Display if "Deluge Hose/ Eye Wash / Safety Shower" is selected in Q3.3.	
	Is Emergency Wash unit free from obstruction?	<input type="radio"/> Yes <input type="radio"/> No
7.2	Display if "Fume Hood" is selected in Q3.3.	
	Fume hood is annually certified?	<input type="radio"/> Yes <input type="radio"/> No
7.3	Display if "Fume Hood" is selected in Q3.3.	
	Fume hood is clear of storage?	<input type="radio"/> Yes <input type="radio"/> No