

# 2025 Laboratory Self Audit Checklist

The Laboratory Self Audit (LSA) is FIU's annual self-inspection program for academic and research spaces. It is a required initiative that helps laboratories assess risk, confirm safeguards are in place, and strengthen daily safety practices. The LSA also supports compliance with university policy and external regulations.

This document is a preparation tool designed to help you walk through your space(s), identify any missing controls, and reduce compliance gaps before completing the official online submission. You may use this resource during an in-person review or as an ongoing reference throughout the year.

Please note:

The LSA must be submitted electronically via the Qualtrics survey. Physical or emailed copies will not be accepted. Visit the [EH&S LSA webpage](#) for access, support tools, and the list of spaces required to participate.

## LSA Timeline

- **Launch:** August 1st, 2025
- **Deadline:** October 31st, 2025

## Legend:

**Block Heading:** indicates the beginning of a section.

**Display Logic:** indicates questions that will display when conditions are met.

| Options Key              |                        |
|--------------------------|------------------------|
| <input type="radio"/>    | Select one option.     |
| <input type="checkbox"/> | Select all that apply. |
| _____                    | Text Entry.            |

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| Q#                          | Question  | Options   |
|-----------------------------|---|---|
| <b>Inventory Block</b>      |   |   |
| Q13                         | <b>Select special hazards present.</b>  | <input type="checkbox"/> Biological Materials<br><input type="checkbox"/> Chemicals<br><input type="checkbox"/> Controlled Substances<br><input type="checkbox"/> Lasers<br><input type="checkbox"/> Compressed Gas Cylinders (includes cryogenics)<br><input type="checkbox"/> Nanomaterials / Nanotechnology<br><input type="checkbox"/> Ionizing or Non-Ionizing Radiation (Materials and Equipment)<br><input type="checkbox"/> No Special Hazards Present  |
| Q14                         | <b>Select waste types generated/stored.</b>                                     | <input type="checkbox"/> Biological Waste<br><input type="checkbox"/> Chemical Waste<br><input type="checkbox"/> Radioactive Waste<br><input type="checkbox"/> Other Waste<br><input type="checkbox"/> None of these  |
| Q15                         | <b>Select safety equipment present.</b>   | <input type="checkbox"/> Biological Safety Cabinet<br><input type="checkbox"/> Chemical Fume Hood<br><input type="checkbox"/> Deluge Hose<br><input type="checkbox"/> Eye Wash<br><input type="checkbox"/> Safety Shower<br><input type="checkbox"/> Glove box<br><input type="checkbox"/> None of these  |
| Q16                         | <b>Select types of hot work done</b>  | <input type="checkbox"/> Open Flame Work (Bunsen burners, propane torches)<br><input type="checkbox"/> Welding or cutting (MIG/TIG welding, metal grinding, torch cutting)<br><input type="checkbox"/> Soldering or Brazing (electrical soldering, brazing)<br><input type="checkbox"/> Heat Tools (heat guns, hot plates, etc.)<br><input type="checkbox"/> Glass or Material Shaping (glass blowing, flame polishing)<br><input type="checkbox"/> Other; specify: _____<br><input type="checkbox"/> None    |
| <b>Hazard Details Block</b> |   |   |
| Q17                         | <b>Select types of biological materials present.</b>                            |   |
|                             | <i>If Q13 is "Biological Materials" OR Q14 "Biological Waste", Display Q17.</i> |   |
|                             |   | <input type="checkbox"/> Microorganisms (Bacteria, Fungi, Viruses, Parasites)<br><input type="checkbox"/> Biological Derivatives (Materials derived from humans, Materials derived from animals, Non-human primates, Biological toxins)<br><input type="checkbox"/> Vectors and Hosts (Insects/Invertebrates, Plants)<br><input type="checkbox"/> Recombinant DNA<br><input type="checkbox"/> Select Agents or Toxins (could be under regulated biohazards)<br><input type="checkbox"/> Other; specify: _____ |
| Q18                         | <b>Select types of chemicals present.</b>                                       |   |
|                             | <i>If Q13 is "Chemicals" OR Q14 "Chemical Waste", Display Q18.</i>              |   |
|                             |   | <input type="checkbox"/> Carcinogens<br><input type="checkbox"/> Peroxide Forming   |

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|     |   | <input type="checkbox"/> Methylene Chloride (aka: Dichloromethane, DCM)<br><input type="checkbox"/> None of these   |
| Q19 | <b>Select controlled substance schedules present.</b>   |   |
|     | <i>If Q13 is "Controlled Substance", Display Q19.</i>   |   |
|     |   | <input type="checkbox"/> Schedule I<br><input type="checkbox"/> Schedule II<br><input type="checkbox"/> Schedule III<br><input type="checkbox"/> Schedule IV<br><input type="checkbox"/> Schedule V   |
| Q20 | <b>Select laser classes present.</b>  |   |
|     | <i>If Q13 is "Lasers", Display Q20.</i>   |   |
|     |   | <input type="checkbox"/> Class 1<br><input type="checkbox"/> Class 1M<br><input type="checkbox"/> Class 2<br><input type="checkbox"/> Class 2M<br><input type="checkbox"/> Class 3R<br><input type="checkbox"/> Class 3B<br><input type="checkbox"/> Class 4  |
| Q21 | <b>Are lasers enclosed and interlocked?</b>   |   |
|     | <i>If Q13 is "Lasers", Display Q21.</i>   |   |
|     |   | <input type="radio"/> All lasers are fully enclosed and interlocked<br><input type="radio"/> Some lasers are fully enclosed with interlocks<br><input type="radio"/> Lasers are NOT enclosed; open-beam use occurs  |
| Q22 | <b>Are gas cylinders secured and tagged?</b>  |   |
|     | <i>If Q13 is "Compressed Gas Cylinders (includes cryogenes)", Display Q22.</i>                |   |
|     |   | <input type="radio"/> Yes, all are secured and tagged<br><input type="radio"/> Some secured and tagged<br><input type="radio"/> None are secured or tagged  |
| Q23 | <b>Select base materials for nanomaterials.</b>   |   |
|     | <i>If Q13 is "Nanomaterial/Nanotechnology", Display Q23.</i>                                  |   |
|     |   | <input type="checkbox"/> Carbon-based<br><input type="checkbox"/> Metal-based<br><input type="checkbox"/> Quantum Dots<br><input type="checkbox"/> Dendrimers<br><input type="checkbox"/> Composite<br><input type="checkbox"/> Other; specify: _____   |
| Q24 | <b>Select radiation equipment or materials present.</b>                                       |   |
|     | <i>If Q13 is "Ionizing or Non-Ionizing Radiation (Materials and Equipment)", Display Q24.</i> |   |
|     |   | <input type="checkbox"/> Radioactive Isotopes<br><input type="checkbox"/> Sealed Sources<br><input type="checkbox"/> Radiation Producing Devices<br><input type="checkbox"/> High-powered lasers not enclosed or embedded (Class 3B and 4)<br><input type="checkbox"/> Ultraviolet Lamps<br><input type="checkbox"/> Infrared Sources |

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|                                   |  | <input type="checkbox"/> Microwaves<br><input type="checkbox"/> Radiofrequency Devices (RF and ELF)<br><input type="checkbox"/> Magnetic Resonance Equipment<br><input type="checkbox"/> Other; specify: _____  |
| <b>Provide and Maintain Block</b> |  |   |
| Q25                               | Is access limited to authorized personnel?   | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Not applicable   |
| Q26                               | Is the space in the Emergency Signage Program?   |   |
|                                   | If Q13 is not "No Special Hazards Present", Display Q26.   |   |
|                                   |  | <input type="radio"/> Yes<br><input type="radio"/> No   |
| Q27                               | Are all hazards (material and equipment) clearly labeled?  |   |
|                                   | If Q13 is not "No Special Hazards Present, OR Q14 is not "None of these," OR Q15 is not "None of these", Display Q27.                            |   |
|                                   |  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Not applicable (no hazards)  |
| Q28                               | Are chemical containers labeled per GHS?   |   |
|                                   | If Q13 is "Chemicals", Display Q28.  |   |
|                                   |  | <input type="radio"/> Yes<br><input type="radio"/> No   |
| Q29                               | Are chemicals stored by hazard category?   |   |
|                                   | If Q13 selects two or more hazards, OR Q13 is "Chemicals", Display Q29.  |   |
|                                   |  | <input type="radio"/> Yes<br><input type="radio"/> No   |
| Q30                               | Is a sink present with an EH&S sticker?  | <input type="radio"/> Sink(s) is present with EH&S sticker<br><input type="radio"/> Sink(s) is present WITHOUT EH&S sticker<br><input type="radio"/> No sinks in the space  |
| Q31                               | Is a first aid kit available and stocked?  | <input type="radio"/> Yes, available and fully stocked<br><input type="radio"/> Yes, available but not fully stocked<br><input type="radio"/> No, not available<br><input type="radio"/> Not required   |
| Q32                               | Is PPE available and in good condition?  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> N/A (does not apply to this space)   |
| Q33                               | Are all required spill kits fully stocked?   |   |
|                                   | If Q13 is "Biological Materials", OR "Chemicals", OR "Controlled Substances", OR if Q14 is "Biological Waste", OR "Chemical Waste", Display Q33. |   |
|                                   |  | <input type="radio"/> Yes, all required kits are present and fully stocked<br><input type="radio"/> Kits are present but not fully stocked<br><input type="radio"/> Some kits are fully stocked<br><input type="radio"/> All kits are missing<br><input type="radio"/> Not applicable, no kits are required |

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| Q34                  | Select glass waste containers present.   | <input type="checkbox"/> Container is present for non-contaminated broken glass disposal<br><input type="checkbox"/> Container is available for contaminated broken glass disposal<br><input type="checkbox"/> No waste containers are present<br><input type="checkbox"/> No glass in the space |
| Q35                  | <b>Select bio-disposal containers present.</b>   |  |
|                      | <i>If Q13 is "Biological Materials", OR Q14 is "Biological Waste", Display Q35.</i>            |  |
|                      |  | <input type="checkbox"/> Biohazardous Waste Container<br><input type="checkbox"/> Bio-sharps Containers<br><input type="checkbox"/> None   |
| Q36                  | <b>Is there a designated waste storage area?</b>   |  |
|                      | <i>If Q13 is not "No Special Hazards Present", OR Q14 is not "None of these", Display Q36.</i> |  |
|                      |  | <input type="radio"/> Yes, there is a designated waste storage area<br><input type="radio"/> No, there is no designated waste storage area<br><input type="radio"/> N/A, there is no waste produced or stored in this space  |
| Q37                  | <b>Is waste segregated properly?</b>   |  |
|                      | <i>If Q13 is not "No Special Hazards Present", OR Q14 is not "None of these", Display Q37.</i> |  |
|                      |  | <input type="radio"/> Yes, waste is segregated<br><input type="radio"/> No, waste is not segregated<br><input type="radio"/> N/A, there is no need to segregate waste  |
| <b>Inspect Block</b> |  |  |
| Q38                  | <b>Was a visual inspection done this year?</b>   | <input type="radio"/> Yes, a visual inspection was conducted<br><input type="radio"/> No, a visual inspection has NOT been conducted   |
| Q39                  | <b>Are outlets intact with faceplates installed?</b>   | <input type="radio"/> Yes<br><input type="radio"/> No  |
| Q40                  | <b>Are GFCI outlets installed near water?</b>  | <input type="radio"/> Yes, GFCI is installed near a water source<br><input type="radio"/> No, GFCI not installed by the water source<br><input type="radio"/> N/A (GFCI not required because there are no open water sources in this space)  |
| Q41                  | <b>Has the chemical fume hood been certified in the past year?</b>                             |  |
|                      | <i>If Q15 is "Chemical Fume Hood" Display Q41.</i>   |  |
|                      |  | <input type="radio"/> Yes<br><input type="radio"/> No  |
| <b>Enforce Block</b> |  |  |
| Q42                  | <b>Is the space free of food and drink?</b>  | <input type="radio"/> Yes<br><input type="radio"/> No  |
| Q43                  | <b>Are occupants using appropriate PPE?</b>  |  |
|                      | <i>If Q32 is not "N/A (does not apply to this space)", Display Q43.</i>                        |  |
|                      |  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> N/A   |
| Q44                  | <b>Are power cords in good condition and not blocking paths?</b>                               | <input type="radio"/> Yes, electrical cords are in good condition and away from the path of egress   |

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|                                |  | <input type="radio"/> No, electrical cords are NOT in good condition and/or are in the path of egress<br><input type="radio"/> N/A  |
| Q45                            | <b>Are cords not daisy-chained?</b>  | <input type="radio"/> Yes, power cords are used safely and not daisy-chained<br><input type="radio"/> No, power cords are daisy-chained<br><input type="radio"/> N/A, there are no extension cords, power cords, or surge protectors in the space   |
| Q46                            | <b>Are electrical panels and shutoffs unobstructed?</b>  | <input type="radio"/> Yes, electrical panels and emergency shutoffs are unobstructed<br><input type="radio"/> No, electrical panels and emergency shutoffs are obstructed<br><input type="radio"/> N/A, there are no electrical panels or emergency shutoffs in the space   |
| Q47                            | <b>Is safety equipment unobstructed and accessible?</b>  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> N/A  |
| Q48                            | <b>Are hoods/cabinets/glove boxes free of excessive storage?</b>   |   |
|                                | <i>If Q15 is "Biological Safety Cabinet", OR "Chemical Fume Hood", OR "Glove box", Display Q48.</i>  |   |
|                                |  | <input type="radio"/> Yes<br><input type="radio"/> No   |
| <b>Plan and Document Block</b> |  |   |
| Q49                            | <b>Are SDSs accessible to all?</b>   |   |
|                                | <i>If Q13 is "Chemicals", OR "Controlled Substances", OR "Compressed Gas Cylinders (includes cryogenics)", OR "Nanomaterials / Nanotechnology", Display Q49.</i> |   |
|                                |  | <input type="radio"/> SDSs are accessible<br><input type="radio"/> Some SDSs are accessible<br><input type="radio"/> SDSs are NOT accessible<br><input type="radio"/> N/A   |
| Q50                            | <b>Is the chemical inventory current in Campus Optics?</b>   |   |
|                                | <i>If Q13 is "Chemicals", OR Q14 is "Chemical Waste", Display Q50.</i>   |   |
|                                |  | <input type="radio"/> Yes<br><input type="radio"/> No   |
| Q51                            | <b>Which safety documents are current?</b>   | <input type="checkbox"/> Standard Operating Procedures (SOPs)<br><i>[Display if Q13 or Q14 selects any option other than "None"]</i> <input type="checkbox"/><br><input type="checkbox"/> Emergency Spill Procedures<br><input type="checkbox"/> Emergency Incident/Injury Procedures<br><input type="checkbox"/> Emergency Evacuation Procedures<br><input type="checkbox"/> Shutdown Procedures<br><input type="checkbox"/> None of the above |
| Q52                            | <b>Which documents have all personnel been trained on?</b>   | <input type="checkbox"/> Standard Operating Procedures (SOPs)<br><i>[Display if Q13 or Q14 selects any option other than "None"]</i> <input type="checkbox"/><br><input type="checkbox"/> Emergency Spill Procedures<br><input type="checkbox"/> Emergency Incident/Injury Procedures<br><input type="checkbox"/> Emergency Evacuation Procedures<br><input type="checkbox"/> Shutdown Procedures<br><input type="checkbox"/> None of the above |

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|-------------------------------|---|--|
| Q53                           | <b>Which documents have been shared with personnel?</b>                             | <input type="checkbox"/> Standard Operating Procedures (SOPs)<br><i>[Display if Q13 or Q14 selects any option other than "None"]</i> <input type="checkbox"/><br>Emergency Spill Procedures<br><input type="checkbox"/> Emergency Incident/Injury Procedures<br><input type="checkbox"/> Emergency Evacuation Procedures<br><input type="checkbox"/> Shutdown Procedures<br><input type="checkbox"/> None of the above |
| Q54                           | <b>Which documents are physically posted in the space?</b>                          | <i>[Display if Q13 or Q14 selects any option other than "None"]</i> <input type="checkbox"/><br>Emergency Spill Procedures<br><input type="checkbox"/> Emergency Incident/Injury Procedures<br><input type="checkbox"/> Emergency Evacuation Procedures<br><input type="checkbox"/> None of the above  |
| <b>Train and Review Block</b> |   |  |
| Q55                           | <b>Have all personnel completed required EH&amp;S training?</b>                     | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> N/A   |
| Q56                           | <b>Has task-specific (on-the-job) training been done?</b>                           | <input type="radio"/> Yes<br><input type="radio"/> No  |
| Q57                           | <b>Are training records accessible for review?</b>                                  | <input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> N/A   |
| Q58                           | <b>Has an emergency drill or tabletop been conducted in the past year?</b>          | <input type="radio"/> Yes<br><input type="radio"/> No  |
| Q59                           | <b>Have all personnel physically reviewed the space layout and safety features?</b> | <input type="radio"/> Yes<br><input type="radio"/> No  |