LSU Laboratory Safety Accreditation Audit Form

Audit Date

Auditor/s

ΡI

Department

Building/Room



| | | 1000 | | |
|--|---|------|---------|----------|
| A. Training | Y | N | n/ a | Comments |
| PI or designee provides lab-specific training to new employees and current staff as new hazardous substances or safety procedures are introduced: | | | | |
| Hazardous Communications training complete | | | | |
| Laboratory Safety presentation reviewed | | | | |
| Required video training complete (3) | | | | |
| PPE for laboratory reviewed | | | | |
| Dress Requirements for lab reviewed Safe use of lab equipment, e.g autoclaves,centrifuges,glove boxes, hoods demonstrated Have personnel required to move, disconnect, and connect compressed gas cylinders been formally trained to do so? (Compressed Gas Association requirement.) | | | | |
| SOP's reviewed and available | | | | |
| Unauthorized, impromptu procedures not allowed | | | | |
| Evacuation Drill Plan reviewed | | | | |
| Employee trained in Chemical Inventory System | | | | |
| Training documented via hardcopy and/or the Environmental Health and Safety Assistant Software | 0 | 0 | 0 | |



| B. Hazard Communications | Y | Ν | n/ a | ' | Comments |
|---|---|---|---------|---|---------------------|
| MSDS accessible for all materials | | | | I | Net 🥅 Hard copies 🛛 |
| Each lab worker capable of producing an MSDS | | | | | |
| Chemical inventory system reviewed | | | | | |
| Inventory present in lab or available on system | | | | | |
| Outside door postings present(EHS) | | | | Ι | |
| Radiation, Laser, Biological, Cryogenic signs posed as needed | | | | | |

| C. Protective Equipment | Y | Ν | n/ a | Comments |
|---|---|---|---------|--|
| Protective gloves present and worn | | | | |
| Gloves appropriate for the task/chemical? | | | | |
| Utility gloves for cryogenics/autoclaves? | | | | |
| Lab coats present and worn | | | | |
| Safety glasses worn at all times, face shield and goggles available and used as needed. | | | | |
| Sharps container present | | | | |
| No respirators in the lab except Dust respirators | | | | EHS testing required for other respirators |
| Is equipment properly labeled warning of noise hazard? | | | | |
| Closed-toed shoes used in lab? | | | | |
| Emergency exit lights working | | | | |
| Self closing doors working and closed | | | | |
| Dress requirements being observed | | | | |

| D. Fume Hoods and Glove Boxes | Y | Ν | n/ a | Comments |
|---|---|---|---------|----------|
| Engineering controls, room air flow, make up air etc. working | | | | |
| Current inspection, status label for chemical hoods | | | | |
| No red-tagged hoods in use | | | | |
| No impeded air flow | | | | |
| Sufficient working space in hood | | | | |
| Hood sash maintained at correct level | | | | |
| Perchloric acid hood present and functional | | | | |
| Audible and visual alarms functional | | | | |
| Hood not used as storage for "old" chemicals | | | | |
| Hood sashes closed when hood is not in use. | | | | |
| No power strips or variacs in hood | | | | |
| Hood access not blocked by furniture, other items | | | | |
| Glove Boxes inspected annually | | | | |
| Procedures for Glove Boxes posted or reviewed | | | | |

| E. Health and Housekeeping | Y | Ν | n/ a | Comments |
|---|---|---|---------|----------|
| Safety showers free from obstruction | | | | |
| Fire extinguishers free from obstruction | | | | |
| Eyewashes free from obstructions | | | | |
| Power shutoffs free from obstruction | | | | |
| Aisles, corridors, stairwells, exits unobstructed? | | | | |
| Storage areas: free from materials that present trip, fire, explosion, or pest harborage issues? No gas cylinder by the exits | | | | |
| Path to exits open and uncluttered | | | | |
| Sufficient bench-top space | | | | |
| Work areas free from clutter | | | | |
| Excess combustible materials removed? | | | | |
| No evidence of eating, drinking, food storage, beverage containers, make-up application, or mouth pipetting? | | | | |
| Sink with paper towels and soap available? | | | | |
| Waste boxes for uncontaminated glassware: free of syringes or needles, chemical or biological vials, and not over full. | | | | |
| Microwave oven and ice machine labeled "Not for Food/Drink"? | | | | |
| Lab Surfaces clean | | | | |

| F. Emergency Response | Y | Ν | n/ a | Comments |
|---|---|---|---------|----------|
| Are emergency contacts telephone numbers posted by phone | | | | |
| Are emergency procedures and evacuation routes known by all employees? | | | | |
| Emergency response guide present | | | | |
| Shower present and tested | | | | |
| Shower location marked | | | | |
| Ball valve type shower present and tested | | | | |
| Eyewash location marked | | | | |
| Plumbed eyewash present | | | | |
| Bottle eye wash station present | | | | |
| Eye wash routinely tested or dated | | | | |
| Spill response station present | | | | |
| Spill kits for acids/bases/ solvents avail. | | | | |
| HF spill kit as needed | | | | |
| HF treatment (calcium gluconate) avail and not expired | | | | |
| Fire extinguisher present/correct type | | | | |

| Are fire extinguishers immediately accessible, and do all employees know their location? | | | | |
|--|---|---|---|--|
| Fire extinguisher has current inspection | | | | |
| First Aid Kit is available, complete and dated | | | | |
| | 0 | 0 | 0 | |

| G. Chemical Storage and Usage | Y | Ν | n/ a | Comments |
|--|---|---|---------|----------|
| <5 gal. flammables outside flam cabinet | | | | |
| No glass containers on floor | | | | |
| Sufficient corrosive material storage | | | | |
| Sufficient flammable material storage | | | | |
| Volatile materials used in hood | | | | |
| All chemical containers identified and properly labeled | | | | |
| Oxidizers and solvents segregated | | | | |
| Acids and bases segregated in secondary containment | | | | |
| Containers in good condition, no leaks | | | | |
| Containers all capped/sealed | | | | |
| Expired material properly addressed | | | | |
| HF and Perchloric Acid used properly | | | | |
| Peroxide forming material handled properly | | | | |
| Unstable Chemicals Dated and periodically reviewed for stability | | | | |
| Lecture bottles of NFPA class 3 or 4 material stored in hood | | | | |
| Only a few chemicals missing inventory label | | | | |
| Is there a periodic review of old chemicals for disposal | | | | |
| Signs of inventory system being used | | | | |
| No flammable chemicals stored in refrigerator unless refrigerator is intrinsically safe | | | | |
| Refrigerator properly labeled | | | | |

| H. Physical Hazards | Y | Ν | n/ a | Comments |
|--|---|---|---------|----------|
| Extension cords for temporary use only (90 days) | | | | |
| Extension cords not a trip hazard | | | | |
| No overloaded outlets | | | | |
| Equipment properly grounded | | | | |
| Electrical cables and cords secured, if in pathway? | | | | |
| Cords clear of sinks, burners, aisles? | | | | |
| Are electrical cords run through doors, windows, under carpeting, or above ceilings? | | | | |

| No two-prong adaptors? | | |
|--|--|--|
| Is access to electrical panels unobstructed? (36-inch clearance is required) | | |
| Does high-voltage equipment have proper labels warning of the hazard? | | |
| Only UL approved outlet boxes | | |
| Laser eye protection present | | |
| Laser warning signage present | | |
| No frayed wires present | | |
| Cryogenic hazard signs or labels present | | |
| No dry ice, liquid N2, or compressed gas cylinders (except air) stored in cold or warm rooms (unless O2 monitor installed for simple asphyxiants)? | | |
| Clothing/eyewear present for cryogenics | | |
| No more than two cylinders secured together | | |
| Compr. gas cylinders strapped/secured | | |
| Protective cap on stored gas cylinders | | |
| Flamm/oxidizer gases stored separately | | |
| Cylinders not by door or blocking egress | | |
| Acetylene precautions taken | | |
| Large number of cylinders in room (NFPA rule) | | |
| UV Eye protection present | | |
| Machine guards present on moving equip. | | |
| Method for handling and disposal of sharps | | |
| Process for usual procedures or unattended running equipment | | |

| I. Hazardous Waste | Y | Ν | n/ a | Comments | | |
|---|---|---|---------|---|--|--|
| Sign at sinks, "Don't pour waste down drain" | | | | Eliminated containers near accumulation point | | |
| Does your laboratory make sure to submit all hazardous and potentially hazardous substances for hazardous waste pickup, and not pour them down the drain? | | | | | | |
| Container is compatible with waste | | | | | | |
| Container is properly labeled (see below) | | | | | | |
| Is the original label covered if the original material is n | Is the original label covered if the original material is not in the bottle | | | | | |
| No abbreviations or formulas are used as proper name | | | | | | |
| Waste labeled with LSU label if not original material | Waste labeled with LSU label if not original material | | | | | |
| Material is a true waste, not an "old" chemical | | | | | | |
| Container is not in sink | | | | | | |

| Waste in Secondary containment | | |
|---|--|--|
| Waste bottles closed with no open funnels | | |
| Incompatible wastes separated for safety | | |
| Less than 55 gallons of waste present | | |

| J. Biohazards | Y | Ν | n/ a | Comments |
|--|---|---|---------|----------------|
| Recombinant DNA work not being performed | | | | (Registered ?) |
| Biological agents not being used | | | | (Registered ?) |
| Biological toxins not be used | | | | (Registered ?) |
| No food or drink in the laboratory | | | | |
| Refrigerator has " No Food" signs | | | | |
| Biological safety cabinet present used and free from excess storage | | | | |
| Biological safety cabinet has current annual inspection | | | | |
| Sash in place and operable | | | | |
| Work surfaces are decontaminated at least once a day and after any spill of viable material. | | | | |
| Materials properly labeled | | | | |
| Proper waste container | | | | |
| Proper decontamination procedure | | | | |
| Work area warnings posted | | | | |

| | Y | Ν | n/ a | |
|-------------------------------|------------|---|---------|-------------------|
| A. Training | 0 | 0 | 0 | |
| B. Hazard Communications | 0 | 0 | 0 | |
| C. Protective Equipment | 0 | 0 | 0 | Final Audit Score |
| D. Fume Hoods and Glove Boxes | 0 | 0 | 0 | |
| E. Housekeeping | 0 | 0 | 0 | #DIV/0! |
| F. Emergency Response | 0 | 0 | 0 | |
| G. Chemical Storage and Usage | 0 | 0 | 0 | Pass Fail |
| H. Physical Hazards | 0 | 0 | 0 | |
| I. Hazardous Waste | 0 | 0 | 0 | |
| J. Biohazards | 0 | 0 | 0 | · |
| Tota | s 0 | 0 | 0 | |