

University of Delaware  
Biosafety Audit Form

Principal Investigator: \_\_\_\_\_

Dept.: \_\_\_\_\_

Labs: \_\_\_\_\_

Date: \_\_\_\_\_

Inspected by: \_\_\_\_\_

BSL/ ABSL classification(s): \_\_\_\_\_

	YES	NO	N/A	Comments
<b>Administrative</b>				
1. Biosafety Manual available				
2. Emergency phone numbers posted				
3. Room placarded appropriately				
4. Current Biohazard Registration Form				
5. Inventory current/in lab/ verified				
6. SOP's or JHA's for procedures				
7. Import/export biological materials				
8. USDA or CDC permits for work				
9. Lab Security				
10. Pest control program				
<b>Agents Used/ Stored</b>				
1. Human source materials				
2. Recombinant DNA				
3. Select Agents				
4. Biohazardous agents				
5. Biological toxins				
6. Whole plant research- normal/healthy/tissues				
7. Whole plant research- infections				
8. Whole plant research- transgenic				
9. Whole animal research- normal/healthy/tissues				
10. Whole animal research- infections				
11. Whole animal research- transgenic				
12. Gel work				
13. Oncogenes				
14. Hazardous drugs/ controlled substances				
15. Other biological material (specify)				
<b>Training</b>				
1. Attended Biosafety Training				
2. Demonstrated competency				
3. HazMat/ Dry Ice Shipping training				
4. Awareness- shipping/transporting requirements				
<b>Lab Procedures</b>				
1. Access limited when work in progress				

2. Hand washing facilities available				
3. Eye wash/ safety shower accessible/tested				
4. Equipment labeled with biohazard stickers				
5. Procedures to minimize aerosols				
6. Limit use of sharps				
7. Safe needle devices used				
8. No food/drink in lab				
9. Centrifuges- safety rotors/ buckets				
10. Secondary containment for vacuum traps				
11. Disinfectants used				
12. Procedures for disinfection				
13. Lab/room decontamination procedures				
14. Agent used for room decontamination				
15. Staff knows exposure follow-up procedures				
<b>Laminar Flow Equipment</b>				
Laminar flow benches				
1. - proper use				
2. - labeled				
3. - certified annually				
Biosafety cabinets				
4. - location in lab				
5. - certified annually				
6. - minimize clutter				
7. - grille kept clear				
8. - flame devices used in cabinet				
9. - alarms on cabinet				
10. Lab pressurization				
11. Special HVAC equipment- certified?				
<b>Personal Protective Equipment</b>				
1. Lab coat				
2. Gloves				
3. Safety glasses/ goggles				
4. Face Shields				
5. Proper lab attire				
6. Other				
<b>Autoclaves</b>				
1. Location of autoclave				
2. Autoclave room clean				
3. Verification of kill				
4. PPE/ safety equipment				
5. Staff trained to run autoclave				

<b>Infectious Waste</b>				
1. Infectious waste packaged properly				
2. Supplies available				
3. Sharps containers available				
4. Sharps containers not overfilled				
5. Gel waste disposal procedures				
6. Liquid waste disposal procedures				

Other Comments:

### **CORRECTIVE ACTIONS & FOLLOW-UP**

Items marked as unsatisfactory will be addressed as soon as possible by:

Print Name Here: \_\_\_\_\_ Date: \_\_\_\_\_

A follow-up for the unsatisfactory item(s) was conducted.

Unsatisfactory items:

- \_\_\_\_\_ were properly addressed
- \_\_\_\_\_ are being properly addressed
- \_\_\_\_\_ were not properly addressed

Comments:

Follow-up visit performed by: (Print Name) \_\_\_\_\_

Date: \_\_\_\_\_