



## Harvard Longwood Campus Laboratory Safety Assessment Checklist

PI: \_\_\_\_\_ Department: \_\_\_\_\_

Inspection Team: \_\_\_\_\_ Date: \_\_\_\_\_

If inspected by EHS, please write in the date completed for items with “no” checked and return to EHS, HIM B84, within one month of the inspection. Alternatively, email responses to inspector. [EHS phone #: x2-1720]

Item	Completed?	Date Completed	Notes
<b>A. FIRE PREVENTION/EMERGENCY PREPAREDNESS</b>			
1. <a href="#">Emergency Response Guide</a> flip chart posted and updated with lab-specific information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2. Emergency equipment unobstructed: a. Eyewashes, drench hoses, showers? b. Fire extinguishers? c. Sprinkler heads – no storage/obstructions within 18” plane below heads? d. Electrical circuit breaker panels? e. Alarm pull/lift stations, smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3. Good housekeeping maintained: a. Excess combustible materials removed? b. Benchtops, shelves, floors neat/well-organized, no visible debris? c. Floors: clean, dry, good condition? d. Aisles, corridors, stairwells, exits unobstructed? e. Stored materials: stable against falling/spills? f. Storage areas: free from materials that present trip, fire, explosion, or pest harborage issues? g. Self-closing doors not held open (other than by magnetic holders)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. Bunsen burner hoses made from rubber, Tygon, or PVC and in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5. Are all Bunsen burners, hot plates, and other heating devices attended to while in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If “No,” then communicate topic to your lab staff.
<b>B. OPERATIONAL/GENERAL SAFETY</b>			
1. PPE provided and used for hazardous procedures: a. Lab coats? b. Gloves appropriate for the task/chemical? c. Safety glasses/goggles if UV, liquid splashes, lasers, or glare are present? d. Utility gloves for cryogenics/autoclaves? e. Respirators (if necessary) and fitted by EH&S? f. Gloves, glasses, respirators inspected prior to use? g. Not worn in non-lab areas (e.g., lunch rooms)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If “No,” then communicate topic to your lab staff.  One glove not in contact with common surfaces such as door knobs or elevator buttons is acceptable
2. Closed-toed shoes used in lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3. Sink with paper towels and soap available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If “No,” then contact custodial services for paper towels.
4. Vacuum lines/pumps protected by filters that are periodically changed out?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		VWR item# 55095-006 or 28137-858, 28137-737
5. No evidence of eating, drinking, food storage, beverage containers, make-up application, or mouth pipeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6. Microwave oven and ice machine labeled “Not for Food/Drink”?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
7. Lab windows kept closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8. Waste boxes for uncontaminated glassware: a. Sealable? b. Free of “other” waste, e.g., paper towels, gloves? c. Free of syringes, needles or contaminated sharps?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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Laboratory Safety Assessment Checklist (continued)**

Item	Completed?	Date Completed	Notes
<b>C. CHEMICAL USE AND STORAGE</b>			
1. Fume hoods: a. Known operating flow indicator or telltale strip? b. Not cluttered or blocking exhaust air flow? c. Sash closed when not in use? d. Sash no more than 18" open when in use? e. Work conducted more than 6" into hood? f. Used for all flammable and highly toxic procedures? g. Building manager contacted to correct alarms? h. Wash-down hood used if perchloric acid heated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If "No," then communicate topic to your lab staff.  Contact EH&S at x2-1720 for consultation before initiating experiments with perchloric acid.
2. Other local exhaust ventilation equipment (LEV): a. Used in lab? b. Effective in keeping airborne levels of particles, mist or vapor below occupational exposure limits (e.g., PEL, TLV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3. Chemicals stored properly: a. Closed containers in good condition, stored upright, and glass containers off floor and window ledges? b. Chemical storage areas free of ignition source? c. Incompatibles stored apart? d. Spills cleaned up immediately and bench paper changed after a spill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. Flammable liquids (incl. organic acids) stored properly: a. In operable flammables cabinets or labeled areas? b. Flammables cabinets free of combustible material (e.g., cardboard)? c. Stored in <a href="#">flammable-rated refrigerators/freezers</a> ? d. Within Fire Department <a href="#">flammable and combustible storage limits</a> (also noted in <a href="#">online inventory</a> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5. Acids (inorganic liquid) <a href="#">stored properly</a> : a. Below eye level? b. Separated from bases/alkalis? c. In labeled areas? d. Nitric acid (oxidizer) separated from organics (e.g., acetic acid, formic acid)? e. Not stored in areas that may cause corrosion of pipes, e.g., under sinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6. Proper Labeling: a. Containers labeled with name of substance? b. Hazardous chemicals labeled with associated hazard(s), e.g., combustible, irritant, toxic, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
7. <a href="#">Peroxide-formers</a> (e.g., ether, tetrahydrofuran, dioxane) a. Date received and first opened on container? b. Used up within 12 months of receipt or 6 months after first opened?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8. Mercury-containing thermometers replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
9. If hydrofluoric acid in lab: a. Calcium gluconate gel available and not expired? b. Labels/signs/SOPs present for safe handling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Verify expiration date during inspection. [VWR product # AAA44542-15]
10. Picric acid stable and stored properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>D. WASTE CHEMICALS</b>			
1. Green SAA (Satellite Accumulation Area) management signs (8.5 x11) posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If "No," then EHS staff will contact waste vendor to post.
2. Hazardous waste stored only in labeled SAAs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If new SAA necessary, EHS will contact waste vendor.

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Item	Completed?	Date Completed	Notes
3. SAAs inspected weekly by lab personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. When container is full, is label/tag dated and pick-up requested <a href="#">online</a> or by phone (x2-1720) the same day?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If "No," then communicate topic to your lab staff.
5. Waste containers: a. Hazard boxes correctly checked? b. Words and not formulas or abbreviations on label? c. Within 3 days of fill date on label? d. Properly closed? e. In good condition for transport? f. No multiple containers per waste stream? g. In secondary containment? h. Incompatible materials separated? i. Virgin chemicals stored apart from waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Conduct general spot check during annual inspection since EH&S technicians inspect SAAs monthly or quarterly
<b>E. COMPRESSED GAS CYLINDERS</b>			
1. Compressed gas cylinders, in general: a. Properly secured with straps or chains? b. No excessive ganging of cylinders? c. Labeled with contents, and caps on if not in use? d. Not blocking means of egress?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2. Specific gas cylinders: a. Flammable gas cylinders (e.g., acetylene, hydrogen) equipped with flame arresters? b. Oxygen cylinders have proper regulators? c. Limited to one-month supply of acetylene and hydrogen, one spare cylinder of propane per room, and two-week supply of ethylene oxide? d. Flammables segregated from oxidizers? e. Toxic gas cylinders properly ventilated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If "No," contact your gas supplier for proper equipment.
3. No dry ice, liquid N <sub>2</sub> , or compressed gas cylinders (except air) stored in cold or warm rooms (unless O <sub>2</sub> monitor installed for simple asphyxiants)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. Empty or unwanted lecture bottles put in waste SAAs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>F. BL1 and BL2 BIOHAZARDS/SHARPS</b>			
1. Biowaste boxes for BL1/BL2 solids: a. Not overfilled? b. Lined with red bag? c. Building, room number, and department's barcode label noted on side of box before pickup?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2. <a href="#">Sharps waste</a> , BL1/BL2-contaminated broken glass, scalpels, capillary tubes, Pasteur pipettes, slides, coverslips, needles and syringes: a. Collected in red sharps containers after use? b. Not overfilled (no more than ¾ full)? c. Closed when full, and placed in a biowaste box?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3. BL1/BL2 liquid waste: a. Disinfected before drain disposal with 10% bleach or by autoclaving? b. Bleach bottle dated when received, and used within one year or diluted less to account for 20% degradation per year? c. In secondary containment, if located on the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Contact the EHS Office x2-1720 with disinfection questions.
4. Biohazard labels on equipment that stores or is used with BL2 materials: a. Centrifuges, incubators, freezers, refrigerators? b. BL1 and BL2 waste containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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Item	Completed?	Date Completed	Notes
5. Buckets with safety caps/cups or aerosol-proof rotors used when centrifuging BL2 materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6. If used with BL2 materials, aerosolizing equipment (e.g., homogenizer, sonicator, blender) located in biosafety cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
7. Biosafety cabinet: a. Certified within past year? b. Air vents not blocked? c. Free from excess storage? d. Sash in place and operable? e. Used for procedures that may generate potentially infectious aerosols?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8. Paper towels, tongs and/or dust pan and brush, and unexpired bleach available for spill clean up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
9. Biological decontamination procedures: a. Benchtops and equipment routinely disinfected and spills immediately disinfected? b. Bench paper changed routinely and after a spill? c. If contaminated, lab coats discarded as biological waste or disinfected? d. Glassware decontaminated before washing? e. Lab personnel wash hands after removing gloves and before leaving lab?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Check for visible contamination during inspection.  If "No," then communicate topic to your lab staff.
10. If <u>human</u> cell lines, tissue, or body fluids (blood, serum, etc.) are used: a. Exposure Control Plan (ECP) completed? b. Annual ECP review and/or update documented? c. Have personnel using the human materials above been given the Hepatitis B vaccine form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If "No," then download the ECP at <a href="http://www.uos.harvard.edu/ehs/bio_safety/exp_control_long.pdf">www.uos.harvard.edu/ehs/bio_safety/exp_control_long.pdf</a> and complete.
11. All biological projects using microorganisms, rDNA, or synthetic DNA registered with <a href="#">COMS</a> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Compare agents on door placards with COMS registration. COMS registered agents not currently stored or used won't be on placard. If "No," then contact the EHS Office at 617-432-1720.
12. Lab verifies staff training by keeping copy of certificate or training database print-out: a. Annual BBP training? b. Shipping training every two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
13. PI or designee provides lab-specific training to new employees and current staff as new biological materials are introduced: a. Risks associated with rDNA or infectious agents used and any recommended vaccinations? b. Has this training been documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>G. RADIATION SAFETY</b>			
1. If working with radioactive isotope(s) or an X-ray machine, information input into online inventory (such that placard will have radiation hazard symbol)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Call EHS's Radiation Protection Office (RPO), 496.3797, for additional signs if necessary.
2. Class 3B or 4 lasers <a href="#">registered with the RPO</a> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If "No," register with RPO.
3. NMR/MRI, UV, or RF devices <a href="#">registered with the RPO</a> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Exception: UV lamps in biosafety cabinet or light box If "No," register with RPO.

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Item	Completed?	Date Completed	Notes
<b>H. CONTROLLED SUBSTANCE AND SELECT AGENT TOXIN SECURITY</b>			
1. "Controlled substances" managed in compliance with <a href="#">DEA and Harvard requirements</a> , specifically: a. PI or alternate licensed to purchase substances? b. License holder inspected within past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2. Exempt amounts of " <a href="#">select agent</a> " toxins in lab: a. Toxins kept in lock box or locked refrigerator? b. Lab door kept locked if lab is vacant? c. Inventory/log kept? d. Toxins deactivated in lab when no longer needed? e. <a href="#">Safety SOPs</a> developed/customized?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<100 mg abrin, conotoxin, ricin, saxitoxin, TTX, shiga-like ribosome inactivating proteins, C. perfringens epsilon toxin, shigatoxin; < 1 g of T-2, DAS; < 5 mg S. enterotoxins; < 0.5 mg Botulinum are exempt.  Review inventory/log during inspection.  If "No," then communicate topic to your lab staff.
<b>I. ELECTRICAL</b>			
1. Electrical cords/grounding: a. Cords clear of sinks, burners, aisles? b. Cords heavy duty, in good condition, not frayed? c. Plug strips not overloaded and off floor? d. No two-prong adaptors? e. No extension cords connected to one another? f. No observed extension cords for permanent equipment or lighting? g. Electrical cables and cords secured, if in pathway?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>J. DOCUMENTATION AND TRAINING</b>			
1. Chemical Hygiene Plan a. Accessible in lab? b. Safety SOPs developed for: ▪ Particularly hazardous chemicals (select carcinogens, reproductive toxins, and highly and acutely toxic chemicals) as required by OSHA (Part III CHP)? ▪ Pyrophorics (e.g. t-butyllithium) or water-reactives?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If "No," download CHP at <a href="http://www.uos.harvard.edu/ehs/ih/lp_chemical_safety_chp.shtml">http://www.uos.harvard.edu/ehs/ih/lp_chemical_safety_chp.shtml</a> and complete Part III, if applicable  See sample SOPs at: <a href="http://www.uos.harvard.edu/ehs/longwood">www.uos.harvard.edu/ehs/longwood</a>
2. Door placard posted and lab hazard inventory updated: a. Within first quarter of calendar year? b. As inventory changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If "No," then complete at <a href="https://apps.sph.harvard.edu/ehs/">https://apps.sph.harvard.edu/ehs/</a>
3. Lab has ready access to MSDSs on paper or electronically at <a href="http://www.uos.harvard.edu/ehs/msds/">www.uos.harvard.edu/ehs/msds/</a> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If "No," contact manufacturer or search online.
4. Lab verifies annual hazardous waste training by keeping certificate or training database print-out?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5. PI or designee provides lab-specific training to new employees and current staff as new hazardous substances are introduced: a. Emergency procedures, including location and review of flip chart and spill cabinet? b. Lab-specific safety SOPs for hazardous substances? c. Safe use of lab equipment, e.g. autoclaves, centrifuges, compressed gas cylinders? d. Training noted in (a)-(c) is documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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Laboratory Safety Assessment Checklist (continued)**

## Room Types

ROOM #	TYPE	NOTES
_____	<input type="checkbox"/> BL0 <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL3 <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room
		<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Room <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> BL0 <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL3 <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room
		<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Room <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> BL0 <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL3 <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room
		<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Room <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> BL0 <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL3 <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room
		<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Room <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> BL0 <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL3 <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room
		<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Room <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> BL0 <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL3 <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room
		<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Room <input type="checkbox"/> Other _____
_____	<input type="checkbox"/> BL0 <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 <input type="checkbox"/> BL3 <input type="checkbox"/> Shared	<input type="checkbox"/> Animal Room <input type="checkbox"/> Cold Room <input type="checkbox"/> Equipment Room <input type="checkbox"/> General Lab <input type="checkbox"/> Autoclave Room
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		<input type="checkbox"/> Storage Room <input type="checkbox"/> Tissue Culture Room <input type="checkbox"/> Warm Room <input type="checkbox"/> Glass Washing Room <input type="checkbox"/> Other _____