

UNH SAFETY AUDIT

Office of Environmental Health and Safety

Administrative Information

Customized for each location. Ensure contact information on door caution signs is up to date.

Doors

- | | | | |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 1. The door Caution Sign is up to date? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 2. Appropriate pictograms are present (i.e. Biosafety, Radioactive Materials, X-rays etc.)? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 3. Vision panel in door is free from obstructions? |

Gas Cylinders

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 4. All gas cylinders are properly capped or regulated? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 5. All gas cylinders are properly secured or fastened in an upright position? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 6. All flammable gas cylinders are located at least 3 feet away from doors? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 7. All gas cylinders are located at least 30 inches away from electrical panels? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 8. Particularly Hazardous Gases are used in approved fume hood or gas cabinet? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 9. Gas cylinders are transported on appropriate carts with straps/chains? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 10. Flammable gas cylinders are not stored next to oxidizing gases? |

Refrigerators

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 11. Flammable liquids are not stored in household refrigerators? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 12. Food and beverages are not stored in the refrigerator? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 13. All chemicals and containers are properly labeled? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 14. Refrigerators are cleaned and are regularly maintained? |

Electrical Safety

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 15. Equipment is properly grounded? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 16. Room occupants test GFCI devices monthly? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 17. Extension cords are not run through doors, windows, walls, ceilings? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 18. All electrical cords are in good condition, without defect? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 19. Electrical cords do not present a tripping hazard? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 20. Clamp lighting is more than 6' away from water sources? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 21. Clamp lighting is more than 3' away from combustible materials? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 22. Electrical disconnects clearly marked? |

General Building Safety

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 23. Aisles, corridors and exits are free of obstruction and tripping hazards? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 24. Written lockout-tagout (LOTO) procedures are in place? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 25. Overhead cranes and hoists labeled on each side with manufacturer load rating? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 26. Combustible storage (boxes, paper) is kept to a minimum and is not stored within 24" of the ceiling in non-sprinkled buildings or within 18" of the sprinkler head in sprinkled buildings? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 27. Fire doors are kept closed and unobstructed? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 28. The ceiling is intact (i.e., ceiling tiles in place, etc.)? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 29. Penetrations in firewalls are sealed with appropriate firestop material? |

University Policies

- | | | | |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 30. The UNH Laboratory Safety Plan is easily accessible. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 31. University rules regarding the use and disposal of sharps (e.g. hypodermic needles, scalpel blades, Pasteur pipettes) has been reviewed (see Appendix F of the UNH Laboratory Safety Plan.) by laboratory personnel. |

Questions in **bold** require occupant response.

Emergency Procedures

- YES NO N/A 32. The spill kit contains: absorbent, safety glasses, gloves. Location: _____
- YES NO N/A **33. Occupants of the room know the campus emergency number, 911?**
- YES NO N/A 34. There is a telephone w/ 911 sticker attached, in the room?
- YES NO N/A 35. A biological spill kit is easily accessible? Location: _____
- YES NO N/A 36. The spill kit is non-breakable and contains: nitrile or latex gloves, disinfectant (i.e. bleach, Lysol™), paper towels, tongs and utility gloves.
- YES NO N/A **37. Occupants know evacuation route and areas of assembly in case of emergency?**

Personal Protective Equipment (PPE)

- YES NO N/A 38. PPE is easily accessible and worn when appropriate. Type of PPE present:
- | | | |
|---|---|--|
| <input type="checkbox"/> Lab coats or gowns | <input type="checkbox"/> Disposable gloves | <input type="checkbox"/> Respirators (List type) |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Utility gloves | _____ |
| <input type="checkbox"/> Safety glasses | <input type="checkbox"/> Hearing protection | _____ |
| <input type="checkbox"/> Face shield | <input type="checkbox"/> Booties or shoe covers | _____ |
- YES NO N/A 39. Occupants do not wear open-toed shoes, sandals, flip-flops, clogs, etc.
- YES NO N/A 40. Occupants wear gowns/lab coats when large areas of skin are exposed (i.e. when lab occupants wear shorts, skirts, etc.).
- YES NO N/A 41. All occupants wear appropriate gloves?
- YES NO N/A 42. All occupants wear the appropriate eye/face protection?
- YES NO N/A 43. Loose clothing and long hair do not come in contact with equipment?
- YES NO N/A 44. Visitors are required to wear personal protective equipment?
- YES NO N/A **45. Occupants have been certified to wear a respirator?**

Facilities

- YES NO N/A 46. A hand washing sink is available, supplied with soap and paper towels.
- YES NO N/A 47. The room does not show signs of mold contamination.
- YES NO N/A 48. If lab windows can be opened, they have been fitted with screens.
- YES NO N/A 49. Belts, pulleys, and other exposed moving equipment parts are guarded to prevent injury?
Comments: _____
- YES NO N/A 50. Vacuum line filter protection is in place. If yes, please indicate the type:
- | | | |
|---|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Central (Main) | <input type="checkbox"/> Local pump | <input type="checkbox"/> Sink |
|---|-------------------------------------|-------------------------------|
- YES NO N/A 51. Animals are not housed within the room.
- YES NO N/A 52. A fermentor is used to grow bacteria. If yes, please indicate the following:
- | | | | |
|-------------|--------------|-----------------|-----------------------|
| <i>Make</i> | <i>Model</i> | <i>Serial #</i> | <i>Volume Use (L)</i> |
| _____ | _____ | _____ | _____ |

Work Practices

- YES NO N/A 53. Staff does not eat, drink, store food, apply make-up (including lip balm), insert contact lenses, etc., in the room.
- YES NO N/A 54. Mechanical pipetting devices are in use; mouth pipetting does not occur.
- YES NO N/A **55. Hands are washed at the end of experiments and gloves are removed prior to leaving the room.**
- YES NO N/A 56. Workstations, closets, etc. are clean, neat and orderly?
- YES NO N/A 57. The trash containers are noncombustible and emptied regularly?

Safety Equipment

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 58. A drench shower is unobstructed (at least 3 square feet)? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 59. All persons in the room are aware of the location of the drench shower? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 60. A fire extinguisher is available in the room? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 61. All fire extinguishers have been inspected? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 62. All fire extinguishers are unobstructed? |
| | | | Comments: _____ |
| | | | _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 63. An eyewash station is easily accessible? (Bottled eyewashes are not recommended) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 64. Bottled eyewash solution is not expired? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 65. The eyewash station is "flushed" weekly (recommended for at least 3 minutes)? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 66. A first-aid kit is available in the room? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 67. Occupants know the location of the first aid kit? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 68. The kit contains clean, sterile bandages, pads, bandaids, tape? |

Chemical Safety

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 69. Occupants know how/where to access MSDS's? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 70. All hazardous/odiferous/toxic chemicals are used in an approved fume hood? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 71. Incompatible chemicals segregated (i.e. no water reactives under the sink, etc.). |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 72. Flammable liquids are stored in approved safety cans, flammable storage cabinets or flammable storage refrigerators? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 73. Ether and other highly flammable liquids are stored away from sources of heat, direct sunlight and ignition? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 74. All chemicals have been registered through CEMS (http://www.cems.sr.unh.edu)? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 75. All chemical containers are capped and sealed except when actively adding or removing materials? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 76. Chemicals are not placed or stored on the floor? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 77. All chemicals and containers are properly labeled? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 78. Particularly hazardous chemicals are used in an approved fume hood (see Appendix T of the UNH Laboratory Safety Plan)? |

Fume Hoods & Exhaust Systems

- | | | | |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 79. The fume hood is being used at a proper sash height? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 80. Airflow in hood is not blocked or restricted? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 81. Occupants contact Facilities (862-1437) if they suspect a fume hood problem? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 82. Room has window-mounted air-conditioning units? How many: _____? |

Chemical Waste

- | | | | |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 83. Chemical waste is located within the area of generation? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 84. Each hazardous waste container has a completed EHS hazardous waste label including proper identification of contents? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 85. Chemical waste containers are in secondary containment? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 86. All chemical waste containers are capped when not in use? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 87. Room occupants know how to access the UNH Hazardous Waste Management Plan. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 88. If chemical waste is generated, all personnel have taken the online Hazardous Waste Training? |

BIOLOGICAL SAFETY **BSL-1** **BSL-2****BSL-2 Laboratory Facilities**

- YES** **NO** **N/A** 89. The door Caution sign displays the biohazard symbol, **the name of the agent(s) in use** and any entry requirements.
- YES** **NO** **N/A** 90. Equipment in which potentially infectious materials are used or stored is labeled with the biohazard symbol.
- YES** **NO** **N/A** 91. Biological safety cabinets are present in room. If yes, please indicate the following:
- | <i>Make</i> | <i>Model</i> | <i>Serial #</i> | <i>Date Certified</i> |
|-------------|--------------|-----------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
- YES** **NO** **N/A** 92. Airflow vents in the biosafety cabinet are not blocked (with supplies, equipment, etc.).
- YES** **NO** **N/A** 93. Biological safety cabinets or other safety devices are used to contain aerosols.
- YES** **NO** **N/A** **94. Procedures to minimize aerosol formation are developed and followed.**

Biological Waste Handling & Disposal

- YES** **NO** **N/A** 95. An autoclave is present?
- YES** **NO** **N/A** **96. The autoclave is validated by spore testing.**
- YES** **NO** **N/A** **97. Autoclave log available?**
- YES** **NO** **N/A** **98. Liquid biohazardous waste is chemically decontaminated or autoclaved prior to sink disposal?**
- YES** **NO** **N/A** 99. Sharps are collected in puncture resistant sharps containers, labeled with a biohazard symbol?
- YES** **NO** **N/A** 100. Sharps containers are closed when not in use and replaced before $\frac{3}{4}$ full or protruding.
- YES** **NO** **N/A** 101. Non-autoclaved biohazardous waste is collected within durable, leakproof containers, labeled with a biohazard symbol, lined with two red biohazard bags.
- YES** **NO** **N/A** 102. Biological burn boxes are sealed when they are $\frac{3}{4}$ full or when they reach 55 pounds, whichever occurs first.
- YES** **NO** **N/A** 103. Biological waste containers are covered when not actively adding waste?
- YES** **NO** **N/A** 104. Biological burn boxes are labeled with the building, room number, and name of the originating lab.
- YES** **NO** **N/A** 105. Infectious waste containers are not used for any other purpose.

BSL-2 Laboratory Work Practices

- YES** **NO** **N/A** **106. Doors to the lab are kept closed when BSL-2 experiments are in progress.**
- YES** **NO** **N/A** 107. If a work surface cover is used it is discarded when dirtied or contaminated.
- YES** **NO** **N/A** 108. If potentially infectious materials are centrifuged, safety containment cups or sealed rotors with O-rings are available.
- YES** **NO** **N/A** 109. Reusable glassware is decontaminated prior to machine washing.

Bloodborne Pathogen Usage

- YES** **NO** **N/A** **110. The UNH Bloodborne Pathogen Program has been reviewed and is easily accessible.**
- YES** **NO** **N/A** **111. All personnel have been offered the Hepatitis B vaccine.**

Building/Room :
Date:

Additional Comments:

Empty space for additional comments.

Auditor Information

Auditor(s): _____

Audit Date: _____