SACRAMENTO STATE

IBC Laboratory Inspection Form

Principal Investigator: _____ **Cayuse Protocol#:** _____

Laboratory Contact: _____ **Department:** _____

Reviewer: _____ **Date:** _____

Locations Inspected: _____

Materials Used:

☐ rDNA
☐ Virus
☐ Animals
☐ Plants
☐ Non-human primate (NHP) material
☐ Other: _____
☐ Bacteria
☐ Fungi
☐ Viral Vector
☐ Parasite
☐ Human source material

YES	NO	N/A	Lab-specific Documentation and Training Requirements for BSL-1
☐	☐	☐	Biological Use Authorization (BUA) accurately lists materials, locations, procedures, and personnel.
☐	☐	☐	Documentation of annual training requirements is complete and readily available upon request.
☐	☐	☐	Documentation of one-time review of Biological Spill Response is complete and readily available upon request.
☐	☐	☐	All required permits are active.
YES	**NO**	**N/A**	**Additional Requirements for BSL-2**
☐	☐	☐	Bloodborne Pathogen CSU Learn Training is completed and the Sacramento State Bloodborne Pathogens (BBP) Exposure Control Plan is acknowledged by lab personnel.
☐	☐	☐	Are appropriate controls used for aerosol-generating procedures?
☐	☐	☐	Lab-specific plans were made available during the IBC inspection, with documentation showing review by the supervisor or other responsible party within the past year.

YES	NO	N/A	Door Signage Requirements for BSL-1
☐	☐	☐	Signage is clearly visible at each public entrance to the laboratory.
☐	☐	☐	Signage displays the Biosafety Level (BSL).

SACRAMENTO STATE

YES	NO	N/A	Door Signage Requirements for BSL-1
☐	☐	☐	Signage displays accurate, legible contact information of the supervisor (or other responsible party).
☐	☐	☐	Signage displays proper lab attire and PPE requirements.

YES	NO	N/A	Additional Requirements for BSL-2
☐	☐	☐	Signage displays the Biosafety Level (BSL) and universal biohazard symbol (when applicable).

YES	NO	N/A	Facility Features, Containment, and Equipment Requirements for BSL-1
☐	☐	☐	Doors are self-closing and lockable.
☐	☐	☐	If doors are not lockable, the laboratory demonstrated how access is limited or restricted, when required, while work with biological or recombinant materials is in progress (e.g., signage, posted entry requirements, or other access controls).
☐	☐	☐	Laboratory windows have screens or do not open.
☐	☐	☐	Vacuum lines used to aspirate biological or recombinant liquids have an in-line filter between house vacuum and collection flask (House Vacuum → In-line Filter → Liquid Waste Collection Flask → Aspiration Device).
☐	☐	☐	Liquid waste secondary container is used (e.g. tub) to prevent release in the event of a breach.
☐	☐	☐	Laboratory furniture is sturdy and non-porous so that it can be easily disinfected.
☐	☐	☐	Laboratory work surfaces are non-porous so that they can be easily disinfected.
☐	☐	☐	Annual certification of biological safety cabinets (BSC) is documented.
☐	☐	☐	Other containment devices approved within the BUA are in place and being used as described.

YES	NO	N/A	Additional Requirements for BSL-2
☐	☐	☐	Laboratory has negative airflow with respect to public areas, when applicable.
☐	☐	☐	All equipment that is used with biohazardous materials is labeled with the universal biohazard symbol.
☐	☐	☐	Vacuum lines used to aspirate biological or recombinant liquids have an in-line filter between house vacuum and dry trap flask (House Vacuum → In-Line Filter → **Dry Trap Flask** → Liquid Waste Collection Flask → Aspiration Device).

SACRAMENTO STATE

YES	NO	N/A	PPE Availability and Maintenance Requirements for BSL-1
☐	☐	☐	PPE is readily available and used in accordance with the BUA.
☐	☐	☐	Disposable PPE is disposed of after one use.
☐	☐	☐	Reusable PPE (coat, goggles/safety glasses) are maintained in a clean, serviceable condition and removed before leaving the laboratory.
☐	☐	☐	Lab coats are routinely laundered when soiled using a campus machine/service or IBC approved procedure.
☐	☐	☐	Staff do not wear PPE into public break areas, such as lunchrooms or restrooms (no material transport).
☐	☐	☐	Staff wear either no PPE or a clean lab coat with single clean glove when transporting recombinant materials outside of the laboratory.

YES	NO	N/A	Additional Requirements for BSL-2
☐	☐	☐	Non-disposable PPE is removed and placed in a biohazard bag if there is a spill.

YES	NO	N/A	Safe Work Practices Requirements for BSL-1
☐	☐	☐	All containment measures described in the BUA are used.
☐	☐	☐	Proper glove use, including avoiding contact with clean/shared surfaces, is documented in staff training; door handles, phones, keyboards, and other shared surfaces are visibly clean."
☐	☐	☐	Handwashing before leaving the laboratory is documented in staff training records, and the handwashing sink is accessible and stocked with soap and paper towels.
☐	☐	☐	Animals and plants not associated with the work being performed are not present in the laboratory.
☐	☐	☐	Bench paper, if used to cover work surfaces, appears intact and unsoiled.
☐	☐	☐	A closed primary container and a hard-sided, leak-proof, non-porous secondary container are available for transport of biological or recombinant materials, and their required use is documented in laboratory procedures or training.
☐	☐	☐	Method of disinfection being used is appropriate for the materials (as described in the BUA).
☐	☐	☐	Solid waste is autoclaved before regular waste disposal (municipal waste stream).
☐	☐	☐	Bleach is available and labeled for liquid waste treatment, and written procedures or treatment logs specify a 10% final concentration with a 30-minute contact time before drain disposal.
☐	☐	☐	Staff verify that autoclaves used to inactivate waste reach the appropriate temperature and pressure (121°C, 15 psi), or all waste is sent out through EH&S medical waste procedure.

SACRAMENTO STATE

YES	NO	N/A	Safe Work Practices Requirements for BSL-1
☐	☐	☐	Safe sharp or plastic alternatives have been considered and are used whenever possible.
☐	☐	☐	Needles are not recapped or are recapped using either a hands-free device or the single-hand method.
☐	☐	☐	Non-disposable sharps are visibly clean and stored in a designated holder or container that prevents accidental contact.

YES	NO	N/A	Additional Requirements for BSL-2
☐	☐	☐	Biosafety cabinet front and rear grilles are clear of equipment, supplies, and other obstructions.

Medical Waste does not apply to BSL-1

YES	NO	N/A	Medical Waste Requirements for BSL-2
☐	☐	☐	The biohazard bag used to collect medical waste within a facility shall be manufacturer certified to meet the ASTM D1709 dart drop test, provided that when the bag is prepared for transport offsite, it is placed into a USDOT-approved container lined with a biohazard bag that is both ASTM D1709 and ASTM D1922 certified. The biohazard bag shall be red in color and marked with the international biohazard symbol.
☐	☐	☐	Secondary medical waste containers have rigid walls and securable lids.
☐	☐	☐	Medical waste bags are sized appropriately with respect to the secondary container.
☐	☐	☐	Unused, extra bags are stored external to the medical waste container(s) in use.
☐	☐	☐	There is no evidence of liquids in the medical waste bag or secondary containers.
☐	☐	☐	Secondary containers are closed with a lid when not actively collecting waste.
☐	☐	☐	Secondary containers are labeled with the universal biohazard symbol, visible from all sides and top.
☐	☐	☐	Secondary containers are working as designed, are clean/unsoiled, and are not broken or rusted.
☐	☐	☐	Containers collecting animal carcasses or other pathology waste are labeled “PATHOLOGY WASTE” or “PATH WASTE.”
☐	☐	☐	There is no evidence of pest/rodent infestation in areas where medical waste is generated or stored.
☐	☐	☐	Medical waste containers are properly lined, available for use, and not overfilled.
☐	☐	☐	No items stored on top of medical waste or sharps containers.
☐	☐	☐	Containers accepting liquid medical waste are labeled with the universal biohazard symbol.
☐	☐	☐	Sharps containers only contain sharps waste (not general laboratory medical waste).

☐	☐	☐	Solid biohazardous waste is moved to the medical waste accumulation site within: (a) 7 days if the lab generates 20 lbs. or more per month, or (b) 30 days if the lab generates less than 20 lbs. per month.
☐	☐	☐	Sharps waste is transported to the medical waste accumulation site within 30 days after reaching the fill line.
☐	☐	☐	Medical waste bags and sharps containers are appropriately closed before being transported to the accumulation site.

YES	NO	N/A	**Spill Response Requirements for BSL-1 and BSL-2**
☐	☐	☐	Biological/Biohazardous Spill Response is readily available in the event of a spill.
☐	☐	☐	Appropriate disinfectant, absorbent material, and tools are readily accessible in areas where spills are likely to occur.
☐	☐	☐	Additional PPE (gloves, shoe covers, etc.) is located in proximity to areas where spills are likely to occur.
☐	☐	☐	The nearest eyewash station is accessible, clearly identifiable, and its location is included in laboratory safety training.