

LABORATORY FACILITY AUDIT (BSL-2)

Inspector: _____

Date: _____

1. Physical Infrastructure

- BSL-2 signage present at all entry points?
- Access Control: Doors self-closing and locked?
- Zone Delineation: Tape lines intact?

2. Engineering Controls & Safety

- BSC Certification current (within 12 months)?
- Autoclave: Biological indicator log up to date?
- Eyewash/Shower: Weekly flush documented?

3. Waste Management

- Biohazard Bins <75% full and lids closed?
- Chemical Waste labeled and in secondary containment?
- Spill Kits fully stocked and accessible?

Corrective Actions Required:

INCIDENT REPORT (BIOLOGICAL/CHEMICAL)

Incident Date/Time: _____

Location: _____

1. Type of Incident

Exposure (Needlestick/Splash)

Spill (Bio/Chemical)

Physical Injury

Near Miss

2. Description of Event

3. Response Actions

First Aid Administered

EHS Notified

Medical Attention Sought

Director Signature: _____

Date: _____

EQUIPMENT USAGE & MAINTENANCE LOG

Equipment Name: _____

Serial #: _____

Usage Log

Date	User	Organization	Start/End	Status

Maintenance & Calibration

Date	Service Type	Provider	Next Due

MANDATORY: All usage must be logged. Report equipment failure to the Director immediately.

TENANT ONBOARDING & EXIT CHECKLIST

Tenant/Org: _____

Lab Space: _____

Part A: Onboarding

- Facility Orientation & Safety Training Completed
- SOP Manual Acknowledged and Signed
- Badge Issued (ID #: _____)

Part B: Exit

- Assigned Bench Cleared and Decontaminated
- Samples Removed from Shared Cold Storage
- Badge Returned and Deactivated

Onboarding Date: _____

Exit Date: _____