Lab Safety Inspection 2026

#	Item	Recommendation	Regulatory Reference
	General Lab Safety		
1	No Emergency Contact Sign on Front Door	Equip entrance doors with signs containing emergency contact information. All entry doors should be marked with the following: PI Name, PI Phone Number, UHCL Police phone number and other emergency lab contact phone numbers	UHCL Chemical Hygiene Plan
2	No signs for the following; Safety Shower, Eye Wash, First Aid Kit and No Eating signs.	Post signs indicating location of safety-related items.	UHCL Chemical Hygiene Plan
3	"No Food" sign was not present on refrigerators, freezers, and/or microwaves	Post a "No Food" sign on all refrigerators, freezers, and microwaves in the laboratory.	UHCL Chemical Hygiene Plan
4	Storage not at least 18 inches below sprinkler heads and/or not at least 24 inches below ceiling.	Avoid storing materials and equipment on top of cabinets. With all stored items, maintain a clearance of at least 18 inches from the sprinkler heads or at least 24 inches from the ceiling to allow proper functioning of the sprinkler system.	Prudent Practices in the Labaoratory & National Fire Protection Association (NFPA) Standards
5	Current and updated Laboratory Personnel List not submitted in electronic form	Submit a current personnel / worker list for your laboratory to EHS. You can login to the software and type those with current lab access in response to this inspection question, or by adding them as a worker in the software linked to to your lab permit for this room, or by emailing EHS the list of names and UHCL email and whenever there are changes. Item marked as UnSatisfactory so you can respond with workers.	EHS Procedure
6	Laboratory Personnel have not completed the Laboratory Safety/HAZCOM training within the last year.	All UHCL Laboratory Personnel and workers must complete General Laboratory Safety and other Lab-specific Trainings provided by EHS and Principal Investigator before undertaking any activity in the laboratory.	Texas Hazard Communication Act and UHCL Chemical Hygiene Plan
7	Chemical Inventory not available or up to date in the EHS electronic format, or missing chemicals / information. Inventories are required to be accessible to EHS and compiled campus wide. This assists with lab safety programs, training, container management, SDS management, PPE and ventilation needs, fire and life safety, first responders during fires and accidental releases, etc.	For HAZCOM and NFPA regulation compliance, all laboratories are required to keep an updated copy (at least annually) of their chemical inventory electronically on file, completed by all PI's using the software template provided (online, and in software), made available to EHS by email and uploaded into the EHSA software. Template and instructions are at https://www.uhcl.edu/about/administrative-offices/environmental-health-safety/lab-safety under the heading Chemical Inventory. Specific information on any associated health or safety hazards must be made readily available to all Laboratory Personnel and students working in the lab.	UHCL Chemical Hygiene Plan/HAZCOM

8	No SDS available for chemicals accessible in the laboratory.	Inform Laboratory Personnel of the location of SDS's and how to read/use SDS. SDS may be satisfied by online access after uploading updated chemical inventory, and lab workers (faculty, staff, TA's, RA's, researchers, etc.) submitted (and made users by EHS). SDS may also be printed out from the software's SDS Hub or vendors / manufacturer's website and kept in Lab Safety binder.	TDSHS HazCOM
9	Improper clothing being worn in the lab	Legs and feet should be covered by closed-toe shoes, long pants or skirts which fully cover the legs (no sandals, open-toed shoes, or shorts), long hair should be confined and loose clothing and jewelry should be secured before beginning work. Wear a lab coat or apron specific for the hazards of the procedures performed in the laboratory. This includes, but is not limited to, using flame resistant clothing for use with pyrophorics, acid resistant protection when working with acids (especially HF), and protective items when working with hot or cold materials. The Principal Investigator or Designee is responsible for enforcing the protective clothing needed. If rotating equipment is used, long hair and loose clothing should be restrained.	UHCL Chemical Hygiene Plan
10	[Critical Items] No PPE available or it was not being used properly by Laboratory Personnel.	Provide lab coats, eye protection, and gloves as required. The correct type of chemical gloves must be used. If respirators are required, make sure the wearer has received respirator training and the correct cartridge is being used.	Reference # 29 CFR 1910.1450 and UHCL Chemical Hygiene Plan
11	Food for human consumption observed in the laboratory	All food should be stored in designated areas, consumed outside of the laboratory; with no food/drink labels on items intended for lab experiments.	UHCL Chemical Hygiene Plan
12	Floors are not clean, dry, smooth walking surfaces.	Keep floors clean, dry, and smooth to avoid slips, trips, and falls.	UHCL Chemical Hygiene Plan
13	Work areas and bench tops excessively cluttered.	Keep bench tops uncluttered. Housekeeping is pertinent to safe laboratory operations.	Prudent Practices in the Laboratory
14	Step stool or ladder not available to reach high places.	Avoid falling injuries resulting from inadequate means of accessing elevated materials.	Prudent Practices in the Laboratory
15	Work area not properly illuminated.	Replace light bulbs as necessary.	Accident Prevention for Industrial
16	Cords (electrical and telephone) not secured on the floor.	Prevent tripping hazards by properly securing loose cords in the walkway.	NFPA 101 (Life Safety Code)
17	Electrical panel not easily accessible.	Ensure easy access to electrical panels and panel doors must be easily opened. There must be a 3-foot clearance in front of electrical	Prudent Practices in the Laboratory 9.B.7

18	Laboratory entry door not closed and locked when unattended	Close laboratory doors to contain hazards, to maintain security and maintain fire safety. Air flow in most labs should be negative room air pressure with respect to the hallway; front door must be closed to prevent chemical vapors from exiting the lab into the building hallway. Lock all unattended labs at all times to maintain security.	Prudent Practices in the Laboratory
19	There was not a first aid kit available, stocked, and accessible in the lab; or contents were missing or expired.	Ensure each laboratory has a stocked first aid kit or a sign indicating the location of the nearest first aid kit. Refill supplies for expireable items are in a box in the waste storage room on a shelf. Any other/additional items missing or expired may need replaced by the department.	Prudent Practices in the Laboratory/ANSI 5.4.2
20	The laboratory did not have an eye wash available, operative, and tested frequently.	Ensure an eye wash is readily accessible. If not in laboratory, post a sign indicating location of nearest eye wash. If eye wash is in another lab, ensure that it is accessible. Eyewash and safety shower certified annually in the fall by EHS, with inspection tag. Responsible persons are responsible for other routine activations of the eyewash and signoff on the tag. Sign put above drench hose in lab, indicating location of eyewash and safety shower in hallway.	ANSI Z358.1
21	No Safety Shower available, operative, and tested annually.	Ensure a safety shower is readily accessible in case of emergency. If not in laboratory, post a sign indicating location of nearest safety shower (55 feet). If safety shower is in another laboratory, ensure that it is accessible (not behind locked door). EHS provides annual certification of shower in fall. Other required frequent activation is required by lab responsible personnel and signoff on inspection tag.	ANSI 4.5.2
22	There was not a Spill Kit available (chemical/biological/radioactive as appropriate) or sign indicating the spill kit location in the lab.	Purchase a Chemical Spill Kit and place in an accessible location (not behind locked door lab workers do not have access to). Neutralizing and controlling chemical spills is a necessary laboratory practice. Have items specific to spills for items in the lab.	Reference # TDSH Chapter 502.009 (C) (4)
23	There was not an Emergency Action / Evacuation procedure in place. UHCL Fire Marshal posts evacuation routes and emergency procedures. Lab PI's post lab specific emergency procedures.	National Fire Protection Agency requires Emergency Egress procedures for all laboratories - Please note and post your laboratory's procedures for shutting down equipment and personnel responsible, emergency evacuation routes and meeting place, and training on the emergency plan.Contact EHS or Fire Marshal for assistance	Reference # NFPA 45 (Laboratories Using Chemicals)
24	Entrances, exits, work areas and aisles were not clear or were obstructed	Clear all egress and emergency evacuation routes to avoid slips, trips, and fall hazards.	Reference # NFPA 101 (Life Safety Code)

25	Fire extinguisher(s) or emergency equipment were not present, accessible or inspected, or were improperly placed next to hazard.	Have a Multi-Purpose ABC fire extinguishers available for the laboratories, Class D is needed if combustible metals are present, Class K is needed if potential for oil or grease fires. Ensure that no materials, equipment, or hazards block access to the extinguishers. Extinguishers are available from the Fire Marshal x.2110.	Reference # NFPA 45 (Laboratories Using Chemicals)
26	Fumehoods were not operational or were not inspected within the past 12 months.	Put in a work order to Facilities to have the fume hood inspected and repaired if hood alarms with low or no airflow. Do not use until the repair is completed. Notify EHS if the fume hood needs testing.	Reference # ASHRAE/ANSI 110
27	Fumehood sash was not kept at a height of 18 inches	Operate fume hood at the working sash height of 18-inches and ensure the sash protects the upper body and face from splashes.	Reference # Prudent Practices in the Laboratory 9.(C)2.8.5.
28	Fumehood was cluttered, not clean, or not accessible. Or chemicals stored in the fume hood in a way that appears cluttered, impedes airflow, damages hood, or appears like improper storage.	Ensure satisfactory air flow by placing materials inside the hood no closer than 6-inches from the sash and keeping the work area clean and as uncluttered as possible. Ensure adequate space for airflow around objects. Do not block back baffle vents (air crevices). Do not use the fume hood as a storage cabinet.	Reference # Prudent Practices in the Laboratory. 9(C)2.3 and UHCL Chemical Hygiene Plan
29	Chemicals were not properly labeled. All chemical containers must be labeled per Hazard Communication Standard with the full chemical name and hazards at a minimum. Small containers or samples can have an associated with label.	All original chemical containers must be labeled with either the original manufacturer's label, or: Replacement Label if the original container label gets damaged or becomes illegible. Secondary Containers and samples can have Secondary Label filled out with full chemical name and hazards (templates online). Small Containers and Samples can have: Secondary label hanging on the container or attached using tape; Logbook visible in the lab nearby with full chemical name and hazards, when only sample number may fit on the container; or Acronyms list posted in the lab nearby with chemical name and hazards, when only acronym may fit on the container. Recommend Acronyms list with abbreviations and full chemical name and hazards, with blank spaces to write in additional chemicals later.	Reference # TDSH Chapter 502 and UHCL Chemical Hygiene Plan
30	Waste Stream Determination / Information Forms are not filled out and in Lab Safety Binder or on file with EHS for lab wastes generated.	Complete waste stream information form for lab wastes generated, and place in Lab Safety Binder and/or email to EHS. This is to match waste containers with more information where waste labels are not legible, not filled out completely, or not all contents and properties fit on the label. It also helps reinforce waste is collected and disposed of properly; and helps waste vendors classify and package chemicals for waste shipment, help create waste vendor profile when needed.	RCRA waste labeling and classification requirements, EPA peer audit consortium training and practices agreement.

31	Waste in containers not properly identified and labeled.	Label all waste containers. Identification of chemicals in waste container is required for proper disposal. Ensure that waste containers are labeled with "Hazardous Waste" labels, filled out with all contents and hazards per waste and hazard communication rules. Waste cannot be picked up from the waste storage room if it is not properly labeled with the contents--it would need costly identification analysis first which may be billed back to the generating department.	Reference # 40 CFR 262.34c
32	Waste containers with filled date past 3 days, or waste appears to be accumulating in lab instead of being moved when containers are full to waste storage.	Only enter filled date when you are done with (done filling) the waste container, because containers must be moved within 3 days of being dated to the waste storage area. 55 gallons is the maximum total allowed per individual lab (satellite accumulation), though you may run into space / clutter issues before 55gal volume.	Reference # 40 CFR 262.34c
33	Waste containers not in good condition.	Ensure that waste containers are in satisfactory condition or that waste is disposed of appropriately.	Reference # 40 CFR 262.34c
34	Waste containers with no closed lids/caps at all times to prevent leakage.	Avoid air contamination in the laboratory by keeping container lids on tightly at all times unless adding waste. When a waste container is 90% full, secure it with a cap, and start filling a new container.	Reference # 40 CFR 262.34c
35	Incompatible wastes not being stored separately.	Store incompatible waste in separate containers.	Reference # 40 CFR 262.34c
36	Secondary containment not being used to store waste containers, such as when on the floor, or to prevent spills, or poor/old container integrity.	Avoid contamination in laboratory due to spillage or bottles breaking; store glass waste containers in a secondary container.	Reference # 40 CFR 262.34c and Prudent Practices in the Laboratory
37	Sharps containers (for syringes, razor blades, etc.)	Discard solid waste with sharp edges in Sharps containers (not waste	Reference # Prudent Practices in
38	[Critical Items] Needles in trash cans/glass waste boxes or protruding outside a sharps container.	* Critical items are areas of concern that are immediately dangerous to life and health which require prompt attention and corrective action.	
39	[Critical Items] Damaged electrical cords on equipment in use.	* Critical items are areas of concern that are immediately dangerous to life and health which require prompt attention and corrective action.	
40	Stacked chemical storage.	Chemical bottles should be properly placed on a flat surface instead of being piled up.	Reference UHCL Chemical Hygiene Plan.
41	Large quantities (> 1L) of liquids stored above eye level.	Store large containers (1 L) of liquid chemicals at or below eye level.	Reference # Prudent Practices in the Laboratory

42	Compressed gas cylinders not properly secured or capped or labeled.	Cylinders must be stored in well-ventilated areas with their protective caps screwed on, and the cylinder secured (e.g chained or strapped to wall or benchtop) to reduce the chance of the cylinder being knocked over. Cylinders must be labeled for contents.	Reference # NFPA 45 (Laboratories Using Chemicals) and UHCL Chemical Hygiene Plan
43	Excessive unused/empty compressed gas cylinders.	Secure and store excess gas cylinders outside the laboratory. The laboratory may not be used for storing excess gas cylinders, whether empty or full.	Reference # Prudent Practices in the Laboratory
44	Flammable and Oxidizer Cylinders stored within 20 feet of each other, or without a non-combustible	Oxygen cylinders (empty or full) in storage shall be separated from fuel-gas cylinders or combustible materials (especially oil or grease),	OSHA CFR 1910.253(b)(4)(iii)
45	[Critical Items] Toxic gases or Hydrogen gas stored/used outside ventilated containment.	* Critical items are areas of concern that are immediately dangerous to life and health which require prompt attention and corrective action.	NFPA 2
46	Other General Lab Safety Issue		
47	Other General Lab Safety Issue		
	Chemical Safety		
48	Full Chemical Safety Compliance		
49	Chemicals not properly stored by classification.	See UHCL Chemical Hygiene Plan for a list of incompatible chemicals. Incompatible chemicals should not be stored within close proximity.	Reference # Prudent Practices in the Laboratory
50	Improper storage of Flammable Liquids. Flammable liquids (1L or more) not stored in flammable safety cabinets or in Flammable or Explosive fridge / freezer. Flammable liquid means any liquid having a flashpoint at or below 199.4 F (93 C) (29 CFR 1910.106(a)(19)).	Store flammable chemicals in approved UL-rated flammable storage cabinet. Keep only small quantities (less than 1 L) of flammable liquids at workbenches for current use. Segregate from oxidizing acids and oxidizers. Never store flammable liquids in a domestic refrigerator - only laboratory safe, properly labeled, explosion proof, or certified flammable liquid refrigerators can be used to store flammable liquids. There is also lab max quantity of 4 gal per 100 sqft in flam cabinets. And max of 20 gal in waste room or stockroom with 2hr firewalls. Keep away from any source of ignition: heat, sparks, or open flames.	UHCL Chemical Hygiene Plan
51	Flammables storage cabinets not in good condition.	Ensure that the cabinet doors close tightly and cabinet walls are sturdy. Replace unsafe cabinets.	Reference # NFPA 30 and NFPA 45
52	More than three flammables storage cabinets present.	Ensure there are no more than three flammables storage cabinets per laboratory.	Reference # NFPA 30 and NFPA 45

53	Chemical containers in poor condition or stored such that they are leaking or likely to result in a release. (Example: containers leaking, bulging, poor condition, with heavy corrosion, missing, discolored or bulging caps, storage shelf about to collapse, etc.)	Transfer chemicals to another suitable container and label completely, or put a Hazardous Waste label on each container and move to waste storage. If the container is unstable, leave in place and contact EHS for pick up immediately. *Critical items are areas of concern that are immediately dangerous to life and health which require prompt attention and corrective action.	
54	Improper storage of Pyrophorics.	If in original container store in a cool, dry place, making provisions for an airtight seal. Inert gas-filled desiccators or glove boxes are suitable storage locations for most pyrophoric materials. Refrigerated material should be stored in non-combustible containment, away	UHCL Chemical Hygiene Plan and Standard Operating Procedure for Using Pyrophoric Chemicals
55	Improper storage of Oxidizers.	Keep Oxidizers in an independent secondary container and label as "oxidizers". Keep away from flammable and combustible materials. Keep away from reducing agents such as zinc, alkali metals, hydrazine, oxalic acid, and formic acid.	UHCL Chemical Hygiene Plan
56	Improper storage of Acids.	Store acids in acid storage cabinet(s). Segregate oxidizing acids (such as nitric acid) from organic acid (such as acetic acid) and flammable and combustible materials. Segregate acids from bases, and from active metals such as sodium, potassium, and magnesium. Segregate acids from chemicals that could generate toxic or flammable gases upon contact, such as sodium cyanide, iron sulfide and calcium carbide. Check acids stored in plastic HDPE containers for integrity. HDPE becomes brittle and degrades with age (~7 years). Recommend storing in glass containers only.	UHCL Chemical Hygiene Plan
57	Acetic acid was found stored with other inorganic acids without secondary containment.	Glacial acetic acid is a highly flammable organic acid. Move the acetic acid into flammable cabinet, and also keep in secondary containment for segregation purposes and in case of a spill.	Reference UHCL Chemical Hygiene Plan
58	Improper storage of bases	Segregate bases from acids, metals, explosives, organic peroxides and easily ignitable materials. Do not store aqueous sodium and potassium hydroxide solutions in aluminum drip trays. These will corrode aluminum.	UHCL Chemical Hygiene Plan
59	Improper storage of Cyanides	Segregate from aqueous solutions, acids and oxidizers.	UHCL Chemical Hygiene Plan
60	Improper storage of Highly Toxic/Toxic Solids. Highly Toxic/Toxic solids and liquids refer to select carcinogens, acutely toxic chemicals, reproductive toxins and chemicals known to have undesirable biological effects.	Store in general chemical storage, segregated from incompatibles. Ideally they would be stored separately from other chemicals and easily identifiable within the laboratory.	UHCL Chemical Hygiene Plan

61	Improper storage of Highly Toxic/Toxic Liquids. Highly Toxic/Toxic solids and liquids refer to select carcinogens, acutely toxic chemicals, reproductive toxins and chemicals known to have undesirable biological effects.	The organic solvents and solutions (such as formaldehyde and chloroform) shall be stored in a flammable cabinet. Inorganic solutions and compounds should be stored in general storage in secondary containment.	UHCL Chemical Hygiene Plan
62	Improper storage of Organic Peroxides	Store peroxides at the lowest possible temperature consistent with their solubility or freezing point to minimize the rate of decomposition. Do not store them at or lower than the temperature at which the peroxide freezes or precipitates because peroxides in these forms are extremely sensitive to shock and heat. Store all peroxidizable compounds in tightly closed, air-impermeable, light-resistant containers, away from light, heat, direct sunlight, sources of ignition, oxidizers, and oxidizing agents. Storage under nitrogen may be advisable in some cases.	UHCL Chemical Hygiene Plan and Standard Operating Procedure for Organic Peroxides and Peroxide Forming Compounds.
63	[Critical Items] Peroxide formers not labeled, or tested, or dated, or expired.	Peroxide-forming materials must be labeled with yellow Peroxide label, dated when opened, tested according to the schedule (often yearly), and disposed of through EHS within one year from the date of opening or within the last test schedule, by the manufacturer's expiration date whichever occurs first. Some recommend disposal after 1 year regardless. Consult the manufacturer's SDS to determine, and order only amount necessary within 1 year. Test if familiar with container, no crystals are present inside container or around lid, and comfortable doing so. If not, do not touch, and notify EHS for High Haz pickup. Labels and Test strips are in stockroom.*Critical items are areas of concern that are immediately dangerous to life and health which require prompt attention and corrective action.	UHCL Chemical Hygiene Plan
64	Dry Picric acid in storage.	Unstable Explosives Shall not be stored in the laboratory. Typical example is Dry Picric Acid. Do not move, and contact EHS for disposal.	UHCL Chemical Hygiene Plan
65	Lack of SOP for High Hazard Chemicals in Lab Safety Binder or on file with EHS.	High Hazard Chemicals listed in the Chemical Hygiene Plan (CHP) must have Safe Operating Procedure (SOP) completed for lab use. See CHP on lab safety procedures webpage for list of high hazard chemicals and editable SOP template with information needed.	Chemical Hygiene Plan (CHP)

66	Lack of SOP and/or training for Perchloric Acid.	Lab-Specific SOP is required and Users must be given hands-on training for procedures/experiments involving perchloric acid before beginning work. Lab-specific SOP, and training document including the signature page with each page initialed by all involved personnel shall be maintained by the Principal Investigator or Designee, and be submitted to EHS either electronically via the ehs@uhcl.edu or hard copy upon request.	
67	Perchloric acids stored with organic acid	Perchloric acid must be stored away from organic chemicals, flammable or combustible materials and strong dehydrating agents such as sulfuric acid and anhydrous phosphorus pentoxide. Use secondary container if stored with other acids.	Reference UHCL Guidelines for Perchloric Acid Usage and Storage.
68	Perchloric acid stored in wood cabinet without secondary containment.	Perchloric acid should avoid storage in wood cabinets. Please store perchloric acid in a compatible corrosive cabinet.	Reference UHCL Guidelines for Perchloric Acid Usage and Storage.
69	Perchloric acid digestions conducted in a regular chemical fume food	Perchloric acid digestions of any size should always be conducted in a special perchloric acid hood that is equipped with a wash down system. Hoods used for hot digestions must be labeled: "Perchloric Acid Hood Only. Organic Chemicals Prohibited." Solvents must never be used or stored in a designated perchloric acid hood.	Reference UHCL Guidelines for Perchloric Acid Usage and Storage.
70	The Perchloric acid bottle has turned dark and has crystals forming around the bottom of the bottle or around the lid.	Do NOT move the bottle. Immediately contact EHS for high haz disposal.	Reference UHCL Guidelines for Perchloric Acid Usage and Storage.
71	Lack of SOP and/or training documents for hydrofluoric acid.	Lab-Specific SOP will be required and Users must be given hands-on training for procedures/experiments involving hydrofluoric acid before beginning work. Lab-specific SOP, and training document including the signature page with each page initialed by all involved personnel shall be maintained by the Principal Investigator or Designee, and be submitted to EHS either electronically via ehs@uhcl.edu or hard copy upon request.	
72	No first aid supplies for Hydrofluoric acid where the HF bottle is stored.	HF first aid kit containing calcium gluconate and calcium carbonate tablets must be located in immediate work area.	Reference UHCL Hydrofluoric Acid Standard Operating Procedures
73	No Hydrofluoric Acid SOP posted in work area.	HF SOP should be posted in immediate work area.	Reference UHCL Hydrofluoric Acid
74	No Hydrofluoric acid training records for all lab personnel who work with or near Hydrofluoric Acid.	Hydrofluoric Acid Safety training is required for all staff and students that work with or near HF. Contact EHS for assistance.	Reference UHCL Hydrofluoric Acid Standard Operating Procedures

75	Lack of SOP and/or training documents on Pyrophoric and other Highly Reactive materials.	Lab-Specific SOP will be required and Users must be given hands-on training for procedures/experiments involving pyrophoric or other highly reactive materials before beginning work. Lab-specific SOP, and training document including the signature page with each page initialed by all involved personnel shall be maintained by the Principal Investigator or Designee, and be submitted to EHS either electronically via ehs@uhcl.edu or hard copy upon request.	
76	Fire-retardant lab coats and gloves are not available for handling Pyrophoric reagents outside the inert atmosphere of a glovebox, or non-meltable clothing was not worn under flame resistant labcoat.	6.6 Fire Retardant Clothing. 6.6.1 The provisions of 6.6.2 through 6.6.5 shall apply to all new and existing laboratories. 6.6.2* Flame-resistant lab coats shall be worn where pyrophoric reagents are used outside the inert atmosphere of a glovebox. 6.6.3* Flame-resistant gloves shall be worn whenever possible where pyrophoric reagents are used outside the inert atmosphere of a glovebox. 6.6.4* Clothing composed of fabrics that will not melt when exposed to heat or flame shall be worn under fire-retardant lab coats and on the legs and feet where pyrophoric reagents are used outside the inert atmosphere of a glovebox. 6.6.5 Flame-resistant clothing shall meet the requirements of NFPA 2112.	NFPA 2112
77	Other Chemical Safety Issue		
78	Other Chemical Safety Issue		
79	Other Chemical Safety Issue		
	Biological Safety		
80	Full Biological Safety Compliance		
87	All laboratory personnel have not attended the EHS Biosafety training.	Register all laboratory personnel working with biological hazards in the laboratory for the next Biosafety/Bloodborne Pathogens course offered by EHS. Go to citiprogram.org, click Register button at top to create user account, click Select your Organization, and enter University of Houston-Clear Lake. Check boxes that pop up, and Create a CITI Program Account. Sign up to take courses indicated in the Biosafety & Biosecurity Series, and send EHS training certificate when complete: -Basic Intro to Biosafety (2 modules for now. Will need Initial Biosafety Training, this will count towards),-NIH Recombinant DNA Guidelines,-Blood Borne Pathogens, -Nanotechnology. [Delete text if not present in lab]	Biosafety in Microbiological and Biomedical Laboratories (BMBL)

88	All laboratory personnel with exposure to bloodborne pathogens or other potentially infectious materials have not completed annual Blooborne Pathogens Refresher training.	All laboratory personnel working with bloodborne pathogens in the laboratory must complete the online Bloodborne Pathogens Refresher training annually. Go to citiprogram.org, click Register button at top to create user account, click Select your Organization, and enter University of Houston-Clear Lake. Check boxes that pop up, and Create a CITI Program Account. Sign up to take courses indicated in the Biosafety & Biosecurity Series, and send EHS training certificate when complete: -Blood Borne Pathogens.	Texas Administrative Code; Health and Safety Code, Chapter 81,Subchapter H and UHCL BBP Exposure Control Plan
89	Biohazard warning sign with emergency contact is not present at entry.	Post signs on all laboratory entry doors that include the biosafety level, any special precautions for the agents in use, and the name and phone number of the Principal Investigator with emergency contact numbers. Contact EHS for biohazard warning signs.	BMBL Section IV Laboratory Biosafety Level Criteria
90	Biohazard warning labels are not posted on refrigerators, freezers, incubators, etc., where infectious agents are present.	Post biohazard labels on all refrigerators, freezers, incubators, etc. where infectious agents are present.	BMBL Section IV Laboratory Biosafety Level Criteria
91	Access is not limited to laboratory personnel advised of all potential laboratory hazards.	Limit access to laboratory to personnel knowledgeable of all potential hazards. Persons who are at increased risk of acquiring infection or for whom infection may have serious consequences must not be allowed in the laboratory or animal rooms.	BMBL Section VI-Principles of Biosecurity and Elements of a Biosecurity Program
99	Fabric laboratory chairs are not covered with a cleanable material such as plastic.	Chairs used in the laboratory must be covered with a non-porous material that can be easily cleaned and decontaminated with an appropriate disinfectant.	BMBL Section IV-Laboratory Biosafety Level Criteria
100	Biosafety cabinet(s) have not been certified within the last year.	Ensure that the current inspection tag is visible. Biosafety cabinets must be certified annually and any time after the cabinet is moved or repaired.	BMBL Appendix A: Primary Containment: Biological Safety Cabinets
101	Biosafety cabinet work surfaces are not wiped down with disinfectant at the beginning and end of the day.	Decontaminate the biosafety cabinet work surface with disinfectant before work begins, after work ends and after any spills.	BMBL Section IV-Laboratory Biosafety Level Criteria
102	Biosafety cabinet front grill and exhaust filter are obstructed.	All items obstructing the grill and the exhaust filter must be removed to maintain optimal cabinet airflow.	BMBL Appendix A: Primary Containment: Biological Safety
103	Biosafety cabinet is compromised by room air or air location.	Locate BSC to places where air flow from fans, rooms air supply louvers and other air moving devices will not disrupt the air flow pattern at the face of the cabinet.	BMBL Section IV-Laboratory Biosafety Level Criteria; BMBL Appendix A: Primary Containment:
104	Vacuum lines with in-line filters and disinfectant traps are not in use.	Use vacuum lines that are protected with liquid disinfectant traps and HEPA filters, or their equivalent. Filters must be replaced as needed.	Section IV-Laboratory Biosafety Level Criteria; D. Laboratory Facilities (Secondary Barriers)

105	Appropriate clothing not being worn by lab personnel (i.e. no shorts, open-toed shoes).	The following PPE must be worn in the laboratory when conducting experiments lab coat, gloves, goggles/safety glasses, long pants, closed-toe shoes.	Reference BMBL Section IV- C. Safety Equipment (Primary Barriers and Personal Protective Equipment)
106	Biological Spill Kit not available and cleanup/emergency procedures are not in place.	Each laboratory must have laboratory specific biological spill procedures and spill kit when biohazards are present. Emergency procedures must also be in place in the event of a laboratory accident.	BMBL Section III Laboratory Practices and Technique
107	Procedures for the proper disposal of biohazardous waste are not available.	Autoclave or decontaminate all regulated waste before disposal. Have disinfectant on hand (i.e., Bleach, Isopropyl Alcohol, or Lysol).	BMBL Section IV Laboratory Biosafety Level Criteria; UH
108	Biological waste containers or bags not labeled or not in good condition; or Biological waste bags left by autoclave for treatment did not have bag tags with name, lab #, date, and contents (materials and agents) listed. Or, Treated labels not placed on bags after autoclave.	Dispose of biological waste in biohazard bags or biohazard containers. Use label template provided for bags left by autoclave. Use treated label template provided for after autoclave, indicating waste has been treated by approved method in accordance with 25 TAC 1.136.	Reference # Prudent Practices in the Laboratory
109	Infectious waste containers are not properly labeled and /or overfilled.	Label all waste containers for proper disposal of biohazardous waste. Do not overfill waste containers.	BMBL Section IV-Laboratory Biosafety Level Criteria
110	Biohazards transported to autoclave room are not in leak-proof containers.	Materials to be decontaminated outside of the immediate laboratory are placed in a durable, leak proof containers and closed for transport from the laboratory.	BMBL Section III-Principles of Biosafety
111	Biohazardous solid and liquid waste are not placed in both primary and secondary leak proof containment.	Biohazardous solid and liquid waste must be placed in a primary and/or secondary container that prevents leakage during collection,	BMBL Section IV-Laboratory Biosafety Level Criteria; and UH
112	Biohazardous waste pickup requests are not submitted in a timely manner.	For biological waste pick up, submit Waste Disposal Request to EHS before waste quantity is exceeded.	UH Biosafety Manual, UH Hazardous Waste Manual and UH
124	Does the lab use, store or manipulate Select Agents		
125	Are recombinant or sythetic nucleic acid molecules manipulated or created in this laboratory?		
126	Are human samples, cells and/or tissue manipulated in the laboratory?		
127	Are animal samples, cells or tissue manipulated in the laboratory?		
128	Are any microorganisms (fungi, bacteria, viruses, yeast, parasites) manipulated in the laboratory?		
129	Biosafety Cabinet was cluttered or not accessible.	Ensure satisfactory air flow and containment of hazardous materials by placing materials inside the cabinet no closer than 6-inches from the sash and keeping the work area uncluttered. Never store supplies or samples in the biosafety cabinet.	Reference # Prudent Practices in the Laboratory. 9(C)2.5