

Laboratory Biosafety Level 2 Inspection Report (11/2025)

Oklahoma State University
Institutional Biosafety Committee
223 Scott Hall
Stillwater, OK 74078

Lab Director:	Inspected By:	
Lab Location (Bldg./Rm Nos.):	Department:	Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> 3 yr. Renewal
Lab Safety Officer:	College/Department Safety Officer:	Inspection Date:

List of Agents that will be Used/Stored in Lab (Check all applicable agent categories and list agents by category): <input type="checkbox"/> Recombinant DNA: <input type="checkbox"/> Parasitic: <input type="checkbox"/> Bacterial: <input type="checkbox"/> Toxin: <input type="checkbox"/> Viral: <input type="checkbox"/> Prion: <input type="checkbox"/> Fungal: <input type="checkbox"/> Other:	Agents/toxins are a risk to: <input type="checkbox"/> Humans <input type="checkbox"/> Animals <input type="checkbox"/> Plants
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Biosafety Level 2 (BSL-2): Suitable for working with pathogenic agents that pose a moderate risk to lab personnel or the environment. Lab access is restricted when work is in progress. Extreme precautions are taken regarding the use of sharps. Procedures that may generate infectious aerosols or splashes are performed in a biosafety cabinet or physical containment equipment. Lab personnel are trained to handle pathogens.

BSL	AGENTS	PRACTICES	SAFETY EQUIPMENT	FACILITIES
2	Associated with human disease. Hazard = percutaneous injury, ingestion, mucous membrane exposure.	BSL-1 practices plus: ● Limited access ● Biohazard warning signs ● Sharps precautions ● Biosafety manual defining any needed waste decontamination or medical surveillance policies	Primary Barriers: Class I or II BSCs or other physical containment devices used for all manipulations of agents that cause splashes or aerosols of infectious materials; PPE: Lab coats, gloves, face protection as needed	BSL-1 plus: ● Autoclave available

IBC Disposition:
 Approved for Work at: BSL-2
 Provisionally Approved for Work at: BSL-2

Comments:

IBC Chair Signature:	Date:	Biological Safety Officer Signature:	Date:

INSPECTION CHECKLIST

Verbal Inspection		YES	NO	N/A	Comments
1.01	Lab access limited/restricted when work with cultures/specimens is in progress.				
1.02	Laboratory doors are kept shut at all times and are locked when laboratory personnel are not present.				
1.03	All personnel are provided information regarding immune competence and susceptibility to infectious agents; immunocompromised individuals are encouraged to self-identify for appropriate counseling and guidance.				
1.04	Lab personnel are trained in the opening of packages containing biohazards.				
1.05	Personnel are trained on how to contain, decontaminate, and clean spills.				
1.06	All lab employees have attended chemical hygiene or hazard communication training.				
1.07	Lab personnel receive annual refresher training and/or additional training as necessary.				
1.08	Lab personnel have been offered appropriate immunizations for agents and materials handled or potentially present in laboratory (e.g., Hepatitis B vaccine, Influenza vaccine, etc.).				
1.09	Protective laboratory clothing such as a lab coats, solid-front or wrap-around gown, scrub suits or coveralls is worn when handling recombinant/infectious materials.				
1.10	Long hair is restrained so that it cannot contact hands, specimens, containers, or equipment.				
1.11	Eye and face protection (e.g., goggles, mask, face shield, or other splatter guard) is used for anticipated splashes or sprays of biohazardous materials.				
1.12	Persons who wear contact lenses in the laboratory also wear eye protection.				
1.13	Eye and face protection is disposed of as biohazardous waste or decontaminated before reuse.				
1.14	Personnel using respirators are enrolled in Respiratory Protection Program.				
1.15	Gloves are worn if hands are at risk of contact with infectious materials, infected animals, or contaminated surfaces.				
1.16	Gloves are not worn outside of the lab or when touching "clean" surfaces (e.g., telephones, keyboards, elevator buttons, etc.).				
1.17	Lab personnel wash hands after handling biohazardous materials, after removing gloves, and before leaving the lab.				
1.18	PPE is changed when contaminated, when the integrity is compromised, or at the completion of work.				
1.19	Disposable PPE, including gloves, is not reused, and is disposed of as biohazardous waste.				
1.20	Protective clothing is either discarded appropriately in the lab or laundered on-site.				
1.21	Soiled/used lab clothing is autoclaved or chemically disinfected before laundering.				
1.22	All PPE is removed and left in lab before leaving.				
1.23	No eating, drinking, smoking, handling contact lenses, applying cosmetics, or storing human food in lab.				
1.24	Mechanical pipetting devices are used (i.e., no mouth pipetting).				

Verbal Inspection		YES	NO	N/A	Comments
1.25	Sharps handling policies and practices in place.				
1.26	Plasticware is substituted for glassware whenever possible.				
1.27	Broken glassware is only handled by mechanical means.				
1.28	Needle/syringe use is kept to absolute minimum.				
1.29	Only needle-locking syringes or syringes with permanently affixed needles are used for injection or aspiration of infectious materials.				
1.30	Needles are not bent, sheared, broken, recapped, removed from disposable syringes, or otherwise manipulated prior to disposal.				
1.31	Uncapping of needles is performed in such a manner to reduce the potential for recoil causing an accidental needlestick.				
1.32	Used, disposable needles and syringes are carefully placed in puncture-resistant containers used for sharps disposal after use.				
1.33	Sharps containers are decontaminated (e.g., autoclaved, or appropriate chemical treatment) prior to disposal or reprocessing.				
1.34	Lab maintains a needlestick injury log.				
1.35	Procedures minimize splashes/aerosols.				
1.36	Spills and accidents are immediately reported to the lab director (If spill is outside primary containment and >10ml report to the BSO immediately).				
1.37	Work surfaces including those in the BSC are decontaminated at the completion of work and after any spill or splash of viable material.				
1.38	Lab equipment is decontaminated on routine basis and prior to sending it for repair/maintenance or packaging it for shipment.				
1.39	A method for decontaminating lab waste (e.g., autoclave) is available in the building.				
1.40	Materials decontaminated outside of lab are transported in durable, leak-proof, closed containers (e.g., plastic bags transported in tray or pan with a leakproof bottom).				
1.41	Materials to be removed from the facility for decontamination are packed in accordance with applicable local, state, and federal regulations.				
1.42	Cultures, stocks, and regulated wastes are decontaminated by an approved method (e.g., autoclaving) before disposal.				
1.43	Cultures, tissues, specimens, and infectious wastes are kept in covered, leak-proof containers during collection, handling, processing, storage, transport, and shipment.				
1.44	There are written procedures in place for offsite transportation of biohazards.				
1.45	Written procedures are in place for handling leaking or damaged packages containing biohazards.				
1.46	Animals and plants not associated with the work are not permitted in the laboratory.				
1.47	An insect and rodent control program is in effect.				
1.48	A Class II BSC or equivalent is used for procedures that have the potential to create aerosols or splashes and for work w/ high concentrations (>10 ⁸ cfu/ml) or large volumes (>1 liter) of infectious agent.				
1.49	Centrifuge o-ring/safety cup seals are checked at least annually.				

Visual Inspection		YES	NO	N/A	Comments
2.01	Lab is located away from public areas.				
2.02	Lab has lockable doors for access control.				
2.03	Biohazard signage including a biohazard symbol, the lab biosafety level, required immunizations, required PPE, required lab exit procedures, and emergency contact information is posted at all lab entrances when infectious agents are present.				
2.04	Emergency contact information (including the Biosafety Officer's contact information) is posted in a conspicuous location.				
2.05	A lab-specific biosafety manual has been developed and is available in the lab.				
2.06	SDSs are available for any biohazards used in the lab.				
2.07	Training of personnel is adequately documented.				
2.08	Spill clean-up procedures are developed and posted.				
2.09	Lab has adequate lighting.				
2.10	Lab is designed to be easily cleaned (e.g., no carpets/rugs, spaces between cabinets/equipment/furniture are accessible, etc.).				
2.11	Bench tops are impervious to water and resistant to heat, organic solvents, acids, alkalis, and disinfectants.				
2.12	No fabric upholstered/covered furniture or chairs.				
2.13	Lab has a sink for hand washing.				
2.14	BSC is tested and certified at least annually.				
2.15	BSC is not located near doors, windows that can be opened, or heavy traffic areas.				
2.16	The front grill of the BSC not blocked or covered and cabinet is free of clutter.				
2.17	Vacuum lines are protected with liquid disinfectant traps or are HEPA filtered.				
2.18	Sharps containers are labeled, conveniently located, and puncture resistant.				
2.19	Containers for non-disposable sharps are hard-walled and leak proof.				
2.20	Effective disinfectants are available for all agents in use.				
2.21	Refrigerators and freezers containing biohazards are labeled with a biohazard symbol.				
2.22	All lab equipment that may be contaminated is labeled with a biohazard symbol.				
2.23	All containers holding biohazardous materials are labeled with a biohazard symbol.				
2.24	All biohazard waste receptacles are closed/covered when not in use or waste is autoclaved daily.				
2.25	Lab windows that open to the outside are fitted with fly screens.				
2.26	An eyewash station is readily available that works properly.				
2.27	Centrifuge o-ring/safety cup seals are intact and in good condition (no cracks).				

