Histology Laboratory Safety Audit

Training

Does the lab have a Laboratory or Hazard Communication Standard?
Does the laboratory have a written Chemical Hygiene Plan (CHP)?
Does the laboratory have an Emergency Contingency Plan?
Is there a written standard for Bloodborne Pathogens?
Does the lab have a formaldehyde control plan?
Is there a written TB exposure control plan?
Does the lab have an Ergonomics policy?
Does the laboratory provide health and safety training?

Standard Operational Procedure

Are there Standard Operational Procedures (SOP) for all tasks involving hazards?
Does the SOP explain the potential hazards of all the chemicals?
Does the SOP list the correct Personal Protection Equipment (PPE) needed for handling the chemicals?
Is proper labeling of chemical containers explained?
Are chemicals stored properly according to hazard class?
Is the Chemical Storage Color Coding system understood and followed?
Does the laboratory use a hazard warning label system?

Disposal

Does the facility have documentation on the amounts and types of hazardous waste generated and how it is determined to be hazardous?
Does the facility have a US EPA identification number?
If waste is shipped offsite, is the name of the transporter and designated TSDF known?
Is hazardous waste stored in proper containers or tanks?
Is waste collected in a designated accumulation area (SAA)?
Are the hazardous waste containers properly labeled and segregated?
Are employees trained in proper waste handling and emergency procedures?

Blood Borne Pathogen

Is the laboratory's Blood Borne Pathogen Standard available and accessible to the employees?
Is the laboratory's written Biological Exposure Control Plan available and accessible to the employees?
Is the storage of food and drink prohibited in places where blood or other potentially infectious materials are kept?
Is eating, drinking, applying cosmetics, or handling contacts lenses prohibited in work areas where there is a risk of occupational exposure?
Are hand washing sinks available to employees in areas where exposure to potentially infectious material can occur?
Are antiseptic hand cleansers and clean drying towels available in areas where hand washing facilities are not?
Are hand washing sinks used for disposal of potentially infectious material?
Are proper hand washing practices followed when hands are contaminated with potentially infectious material, when gloves are removed, and between patient contacts?
Are properly labeled, leak proof, puncture resistant sharps containers used for disposal of needles and other sharps?
Is recapping, bending, or breaking of needles prohibited?
Is there a written SOP if needles must be recapped, bent, or broken?
Is mouth pipetting prohibited in the laboratory?
Are mechanical pipetting devices available in the laboratory?
Are leak proof containers used for all specimens?