



DEPARTMENT OF THE NAVY  
NAVAL MEDICAL RESEARCH CENTER DETACHMENT

LIMA, PERU  
UNIT NUMBER 3800  
APO AA 34041 - 3800

IN REPLY REFER TO  
NMRCINST 5040.1B  
09 March 2004

NMRC INSTRUCTION 5040.1B

From: Officer-In-Charge, Naval Medical Research Center  
Detachment Lima, Peru

Subj NMRC SAFETY ZONE INSPECTION PROGRAM

Ref (a) OPNAVINST 5040.7 Series  
(b) OPNAVINST 5100.23 Series  
(c) NMRCINST 5040.1 Series

Encl (1) NMRC Material and Safety Inspection Zones  
(2) Biosafety Laboratory Checklist  
(3) NMRC Life Safety Code Checklist  
(4) NMRC Material and Safety Inspection Checklist  
(5) NMRC Inspection Discrepancy Report  
(6) NMRC Inspection Findings  
(7) NMRC Material and Safety Discrepancy Log

1. Purpose. Establish a method and procedures for assuring safety, upkeep and maintenance for all spaces at the Naval Medical Research Center Detachment (NMRC) Lima, Peru (NMRC). This method shall be accomplished in the form of conducting material and safety inspections within the command.

2. Cancellation. NMRC Instruction 5040.1A

3. Background. References (a) through (c) define the requirements for the Officer-in-Charge to ensure material readiness and a safe, clean, workplace environment by conducting material and safety inspections to:

a. Find and correct hazardous conditions, unsafe work practices and violations of standards and regulations.

b. Evaluate the condition and adequacy of machinery, equipment and buildings to include recommendations for repairs, alterations, changes and/or preservations which will ensure material readiness to achieve and full fill our established mission.

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c. The results of these inspections and any follow-up actions on any noted discrepancies will help to exist throughout the command structure.

#### 4 Responsibilities

a. The Administrative Officer shall ensure overall compliance with this instruction.

##### b. The Command Safety Officer

(1) Shall ensure that all NMRC workspaces are annually inspected per reference (b) and enforce compliance with the requirements set forth in that instruction.

(2) Maintain a Hazard Abatement record of all safety discrepancies reported by Collateral Duty Safety Officers (CDSO) during their weekly inspections.

(3) Investigate all deficiencies reported; to include reports by individuals and CDSOs that address NMRC workspaces.

##### c. Collateral Duty Safety Officers

(1) Conduct a weekly material and safety inspection of all the workspaces that fall under their Division/Department utilizing enclosure (2) "Biosafety Laboratory Checklist" for all laboratory spaces and enclosure (3) "NMRC Life Safety Code Checklist" as a guide for all administrative spaces. Forward a copy of this inspection to the command safety office through the department supervisor and department head.

(2) The weekly material and safety inspection should be conducted on the last workday of the week and submitted to the safety office by close of business of the first working day of the next week.

(3) Notify the Laboratory Supervisor/Division Head of any deficiencies identified and recommended corrective actions

(4) Maintain a file of these weekly inspections and the corrective actions taken to abate the deficiencies noted for their division/department.

##### d. Supervisors

(1) Conduct a weekly walk-through of their workspaces to assess material and safety compliance. Utilization of enclosure (3) and previously conducted inspections is recommended as a guide to assist during this walk through.

(2) Take appropriate action to resolve any discrepancies found by their walkthrough or the CSO's weekly inspections.

(3) Maintain a file of all corrective actions taken on deficiencies found.

(4) Report all deficiencies and actions taken to the safety office.

## 5 Inspection Schedules

### a Weekly Inspections:

(1) CDSOs and/or department/division head shall perform a weekly walk-through inspection of all their respective workspaces and review each workspace for cleanliness, preservation, sanitation, maintenance and safety. Enclosures (2) and (3) are the recommended checklists.

(2) All discrepancies shall be noted and appropriate action taken to correct such deficiencies. Enclosure (5), "NMRCD Inspection Discrepancy Report" shall be utilized to record reported discrepancies.

(3) Work orders should be submitted for any discrepancies that cannot be corrected by personnel assigned to the workplace.

(4) A log will be maintained of all actions taken to correct any deficiencies found. Enclosure (6), "NMRCD Inspection Findings" shall be used for this purpose.

### b Monthly Inspections

(1) Material and safety inspections will be conducted monthly by representatives selected by the Administrative Officer in behalf of the Officer-in-Charge. The inspection

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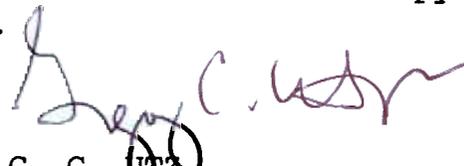
party will be made up of three personnel, one of which will be either the command safety Officer or a department Collateral Duty Safety Officer.

(2) The Inspection party shall conduct a material and safety inspection in accordance with the schedule listed in enclosure (1) by utilizing enclosure (4). The inspection party will view each workspace for cleanliness, preservation, sanitation, maintenance and safety.

(3) All discrepancies identified will be evaluated and recorded in enclosure (5) and submitted to the Officer-in-Charge through the Administrative Officer.

(4) A copy of the NMRCD Inspection Discrepancy Report shall be submitted to the command safety officer who will maintain enclosure (6), "NMRCD Inspection Findings" of all discrepancies noted and initiate enclosure (7) along with posting a NAVOSH Deficiency Notice next to the reported discrepancy until corrective action has been completed.

6. Reports. The inspecting officer will submit a written report of the monthly command material and safety inspection to Officer-in-Charge through the Administrative Officer. The report shall include all findings and recommended actions. Each department head or responsible divisional supervisor will report by memorandum within one week following the monthly inspection of the corrective action(s) taken regarding any discrepancy noted. This memorandum shall be submitted to the Officer-in-Charge through the Administrative Officer with a copy provided to the command safety officer.

  
G. C. UT2  
Acting

NMRCD MATERIAL AND SAFETY INSPECTION ZONES

ZONE #1:

MAIN BUILDING: FIRST FLOOR

All Administrative and Research Office Spaces, Conference Room, Kitchenette, Driver's Watch Room, Passageways, Reception and Restrooms

Laboratories: Bacteriology, Glassware and Media Preparation; Virology Laboratories;

Receiving Area/Freezer Room; Distillation Room; UPS, Generator Room and Water Softener Room

INSPECTION DATES:

JANUARY - APRIL - JULY - OCTOBER

ZONE #2:

MAIN BUILDING: SECOND FLOOR

Lunch Room and Kitchenette, Research Offices; Information Services Office; Library; Research Support Office; Biomedical Repair Shop, Supply Storage Area, Passageways and Restrooms

Laboratories: HIV and Specimen Receiving; Microbiology Laboratory, Parasitology and Virology Facility Grounds

INSPECTION DATES:

FEBRUARY - MAY - AUGUST - NOVEMBER

ZONE #3:

ANIMAL FACILITY: FIRST FLOOR

Research Offices, Entomology Laboratory, Animal Support Rooms, Animal Containment Rooms, Cage-washing Rooms; Hazardous Material Storage Shed, Passageways, Steam Generator Room, Warehouse, Restrooms and Incinerator

**ANIMAL FACILITY: SECOND FLOOR**

Fiscal and Procurement Offices; Research Administrative Offices;  
Kitchenette; Multipurpose Room, Passageways, Transportation  
Office; and Restrooms

**ANIMAL FACILITY: BASEMENT**

Gymnasium, Maintenance Officers, Maintenance Supply Issue Room  
Maintenance Work Area

**INSPECTION DATE:**

MARCH - JUNE - SEPTEMBER - DECEMBER

# BIOSAFETY LABORATORY CHECKLIST

Environmental Health and Safety  
NMRCD Lima, Peru

DEPARTMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
BUILDING: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ROOM(s): \_\_\_\_\_ INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Note: X in the YES column means that no defect was observed at the time of the inspection.  
X in the NO column means that action is required by the laboratory supervisor.  
X in the NA column means that the item is not applicable.  
\*\* in the NO column means that a repeat violation exists.

## A. LABORATORY FACILITIES

- |  | <u>YES</u>               | <u>NO</u>                | <u>NA</u>                |
|--|--------------------------|--------------------------|--------------------------|
| 1. Bench tops are impervious to water and easily cleanable.  |                          |                          | <input type="checkbox"/> |
| 2. Spaces between benches, cabinets, and equipment are accessible for cleaning.                      |                          |                          | <input type="checkbox"/> |
| 3. All laboratory wastes are appropriately containerized and labeled.                                |                          |                          | <input type="checkbox"/> |
| 4. An autoclave for decontamination of contaminated materials is available in the same building.     | <input type="checkbox"/> |                          | <input type="checkbox"/> |
| 5. An insect and rodent control program has been instituted including window screening if necessary. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B. CONTAINMENT EQUIPMENT

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Biological safety cabinet(s) is/are present, and used to contain aerosol-producing activities and equipment (vortexers, blenders, sonicators, centrifuges) except where the equipment is designed to contain aerosols. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Biological safety cabinet has been certified in the past 1 year.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## C. STANDARD MICROBIOLOGICAL PRACTICES

- |  |  |                          |                          |
|--|--|--------------------------|--------------------------|
| 1. Work surfaces are decontaminated at least daily, and following spills.  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. All contaminated materials are decontaminated before washing, reuse, or disposal.   |  |                          | <input type="checkbox"/> |
| 3. All wastes are properly decontaminated (autoclaved, chemically disinfected, or incinerated) before disposal, according to the Sharps and Biohazardous Waste Policy. |  |                          | <input type="checkbox"/> |

**C. STANDARD MICROBIOLOGICAL PRACTICES, CONTINUED**

	<u>YES</u>	<u>NO</u>	<u>NA</u>
4. Leak-proof and closed containers are used to transport contaminated materials if they are removed from the laboratory for autoclaving.			<input type="checkbox"/>
5. Mechanical pipetting devices are used for all pipetting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other experiments in the same laboratory of a lesser biohazard potential are carried out in a carefully demarcated area.			<input type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. SPECIAL PRACTICES**

Only persons who have been advised of the nature of the research are allowed to enter the laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A universal biohazard sign is posted on all laboratory access doors when human or animal pathogens are present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Freezers and refrigerators or other units used to store human pathogens are labeled with the universal biohazard symbol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Personal protective equipment appropriate for the research, such as lab coats and gloves, is required, and is not worn outside of the laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Any personal protective equipment to be laundered is properly bagged and laundry facilities notified of potential contaminants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Only animals related to the experiment are permitted in the laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical monitoring, treatment, and surveillance, including immunizations, are provided as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Baseline serum samples are banked from personnel working with human pathogens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Personnel working with human blood or other potentially infectious human body fluids or tissues have had Bloodborne Pathogen Training within the last 1 year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. A Biohazard Safety Manual is available in the laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This laboratory qualifies to adequately contain work with agents classified as Biosafety Level BL1 BL2 BL3



**C. Electrical Systems.**

1. Are electrical cords serviceable condition (i.e., not twisted, frayed, spliced, knotted, tacked, stapled to wall)?
2. Are extension cords being used?
3. Are all coffeemakers on a nonflammable surface, with safety check and coffee mess authorization.
4. Are authorized adapters being used on electrical plugs?
5. Are all personal electrical devices inspected and bare a safety sticker with inspector's initials and date?

**D. Flammable/Combustible Liquids and Gases.**

1. Are compressed gas cylinders (oxygen, carbon dioxide, nitrous oxide, etc.) chained (secured) so as to prevent falling?
2. Are flammable storage cabinets marked: "FLAMMABLE MATERIAL"/
3. Do compressed gas cylinders, not in use, have a cylinder cap?

**E. Exits.**

1. Are all exits clearly marked, illuminated and operational?
2. Are exits easily opened?
3. Are all hold-open mechanisms in working order and do all doors close entirely?
4. Do all corridors or passageways required for exit access have a 44 inch clear travel path?
5. Do smoke barrier doors (metal double doors in the main passageway have a gap of less than 4 inches when closed?
6. Is there anything blocking fire exit doors?

**F. Personnel Safety.**

- Are poisonous materials stored in locked cabinets with antidote information displayed?
- 2. Are sharps discarded in prescribed containers and not over ¾ full?
- 3. Are precautions taken to insure that floors are clean and clear?
- 4. Are any wastebaskets constructed of flammable material?
- 6. Is biohazard waste disposed of in the proper receptacle and properly identified?
- 7. Are there any portable heaters in the zone?
- 8. Are storage areas neat and clean?
- 9. Were all new employees briefed on the hazards of their job and action documented?
- 10. Is eating and drinking prohibiting where toxic or infectious wastes are routinely present?
- 11. Is personal protective equipment (PPE) provided and utilized by personnel working with or around hazardous materials including bodily fluids?

**HAZARDOUS MATERIALS CHECKLIST**

**This checklist is required for monthly inspections as part of the Life Safety Code Inspections for all areas having hazardous materials storage cabinets and rooms.**

**CABINET:**

**YES NO**

- 1. In locations where flammable vapors may be present, are precautions taken to prevent ignition by eliminating or controlling the sources of ignition?
- 2. Are storage cabinets designed to limit internal temperatures to a maximum of 325 degrees F. when subjected to a 10 minute fire test?

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- 3. Are the metal cabinets designed to meet OSHA and NFPA standards?
- 4. Are the cabinets in good condition with no cracks, tears, corrosion, or missing parts?
- 5. Are any liquids or materials leaked onto the shelves?
- 6. Are the shelves in good condition with no bends or sagging?
- 7. Are four or more cabinets stored next to each other?
- 8. Do the doors close by themselves completely?
- 9. Are the cabinets properly labeled for the materials stored, i.e. flammables, corrosives, acids?
- 10. Do the cabinets contain materials other than the hazardous materials designated for storage ? (Example: tyveks stored with formalin)
- 11. Is personal protective equipment (PPE) stored in the cabinets?

**CHEMICALS:**

- 1. Do all containers of hazardous materials have readable, non-stained labels?
- 2. Are the containers stored according to compatibility?
- 3. Are the lids of the containers secured tightly with no cracks or breaks?
- 4. Are containers in good shape with no cracks or broken parts?
- 5. Is a copy of a recent AUL on hand?
- 6. Do the items in the cabinets match the AUL?
- 7. Do any of the items in the lockers have expired shelf-life dates?
- 8. Are more than 5 gallons of Class I or II liquids or 10 gallons of Class III liquids stored in a storage unit?
- 9. Are containers of hazardous materials stored OUTSIDE the locker?

**SPILLS AND DISPOSAL:**

- 1. Are spill procedures located in the work area?
- 2. Are personnel competent in knowing and demonstrating spill procedures?
- 3. Are personnel knowledgeable in disposal procedures?

INSPECTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

BUILDING: \_\_\_\_\_

**NMRC D MATERIAL SAFETY INSPECTION CHECKLIST**

BLDG: (1) - (2) ROOM: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Department Head: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Inspection Members: \_\_\_\_\_

(Write an "X" under "NA" if not applicable or not observed.)

<b>ADMINISTRATIVE</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>
1. Are personnel aware of who their Collateral Duty Safety Officer, Chemical Hygiene Officer and Fire Warden?			
2. Are personnel aware of where the DOD Safety & Occupational Health Protection Program Poster and their Emergency Evacuation Plan is posted?			
3. Are personnel aware of where they could obtain the Unsafe or Unhealthy Working Conditions form?			
4. Are personnel aware of the Officer-in-Charge's Safety Policy?			
5. Are all outstanding RAC 1, 2, and 3 deficiencies posted?			

<b>GENERAL SAFETY</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>
1. Are there any materials on decks that present a tripping hazard, [29 CFR 1910.22(a)(2)]?			
2. Are floors maintained in a clean and dry condition? [29 CFR 1910.22(a)(2)]			
3. Is the Coffee Mess authorization posted? Is the coffee pot placed on metal surfaces only?			
4. Is protective eyewear worn in designated areas? Does the eyewear meet minimum standards, [29 CFR 1910.133]?			
5. Is there an appropriate safety precaution sign posted as required, [29 CFR 1910.145(c)(3)]?			
6. Are noise hazard stickers posted on portable equipment? (OPNAVINST 5100.23 Series, Chapter 18)			
7. Are workers taking the necessary safety precautions for the work being performed?			
8. Is all the work being performed so that other workers in the area are not being exposed to occupational health hazards or unsafe conditions?			
9. Was there any unsafe behavior/act being observed at the time of the inspection?			
10. Are First Aid Kits available? Are the supplies being maintained in a clean and up-to-date manner?			
11. Are Emergency telephone numbers posted on or near all phones?			
12. Are all spaces sufficiently well lighted?			
13. Are insect and rodent control currently in effect?			
14. Are spaces above work areas kept clear of objects that could present a fall hazard (e.g. overhead bins being used as a storage area)?			
15. Are desk(s), file cabinets, etc., arranged so as drawers do not open into heavily used isles or walkways?			

16. Is weight distributed in file cabinets so that drawers do not create a top-heavy condition and all drawers are closed after use?			
17. Are cabinets, bookcases, shelves secured to prevent their falling over?			
18. Are ladders or stools provided for reaching materials on shelves and are they being kept in good repair?			
19. Are spaces free of clutter, excess storage of material or equipment and trash?			
20. Is carpeting in good condition and not badly worn or torn?			

**FIRE PROTECTION AND MEANS OF EGRESS**

**Y N N/A**

	Y	N	N/A
1. Are all portable fire extinguishers maintained in a fully charged and operational manner [29 CFR 1910.157(c)(4)]?			
2. Are the fire extinguishers conspicuously located where they will be readily accessible (not blocked) and immediately available when needed [29 CFR 1910.157(c)(1)]?			
3. Are fire extinguishers inspected monthly to detect any obvious physical damage, corrosion, or other impairments [29 CFR 1910.157(e)(2)]?			
4. Are "Exit" signs operational [29 CFR 1910.37(b)]?			
5. Are smoke and fire doors being maintained closed?			
6. Is there an 18-inch clearance being maintained between the ceiling and stored materials?			
7. Are personnel aware of procedures they may take in the event of an alarm [29 CFR 1910.165(b)(4)]?			
8. Are personnel aware of their Muster/Rally Point outside the facility where they will muster at during an alarm?			
9. Are exits kept unlocked and not obstructed?			
10. Is there at least a 24-inch clearance in every workspace to allow personnel to exit (to include administrative areas)?			
11. Do all exits provide free and unobstructed egress from all parts of the workspace [29 CFR 1910.37(f)(1)]?			
12. Are all exits clearly visible and marked? [29 CFR 1910.37(b)(2)]			
13. Are all doorways and exits that do not provide egress out of the facility clearly marked "No Exit" and unobstructed? [29 CFR 1910.37(a)(3)]			
14. Are all exits provided with artificial illumination? [29 CFR 1910.37(b)(6)]			
15. Is there a clear, unobstructed path of at least 36-inches provided throughout the laboratory space?			
16. Does office arrangement allow easy egress under emergency Conditions?			

**ELECTRICAL**

**Y N N/A**

1. Are spaces under administrative desks maintained clear of electrical cords and storage of materials? Is the floor clear of tripping hazards?			
2. Are electrical cords in good condition, not pinched, broken, cracked or covered [29 CFR 1910.305(j)(1)(i)]?			
3. Is the area free of flexible cords (extension cords) and Cables being used as a substitute for fixed wiring of a Structure [29 CFR 1910.305(g)(1)]?			

4. Are receptacles free of excessive "piggy-backing" of surge protectors and cords?			
5 Are all flexible cords and cables connected to devices and/or fittings so that strain relief is provided which will prevent pulling directly onto the joint or terminal screws?			
6. Are receptacles grounded and properly wired?			
7 Are all unused openings in cabinets, boxes, and fittings effectively covered [29 CFR 1910.303(g)(2)]?			
8 Is there a 30-inch clearance being maintained around all circuit panels?			
9. Is heat reducing devices such as hot plate and coffee pots being plugged directly into an outlet?			
10 Are portable space heaters being used receive the approval by the Safety Office?			

**COMPRESSED GASES**

**Y N N/A**

1. Are all compressed gas cylinders stored in a well-ventilated, dry area where they can't be knocked over?			
2. Are all acetylene and oxygen cylinders stored at least 20-feet apart or separated by a f-foot non-combustible barrier between them?			
3. Are all cylinders being stored upright?			
4 Are all compressed gas cylinders that are not in use stored with their valve protection caps on?			
5. Are cylinders secured to wall, bench or floor ring?			
6. Are cylinders labeled and tagged properly?			
7. Are empty and full cylinders separated?			
8. Are flammable and non-flammable gases maintained/stored separately?			
9. Are empty cylinders removed from the laboratory?			

**FLAMMABLE LIQUID STORAGE**

**Y N N/A**

1. Locker capacity not exceeded, 60-gallons of Class I and Class II flammables [less than 140 Degrees Fahrenheit (F)] Or 120-gallons of Class III flammables (140 - 200 degrees F) [29 CFR 1910.106(d)(3)(i)]?			
2 Locker marked with "Flammable Keep Fire Away"? [29 CFR 1910.106(d)(3)(ii)]			
3. Locker has a 3-point lock, which is operational? [29 CFR 1910.106(d)(3)(ii)(a)]			
4. Materials stored in original or approved containers? [29 CFR 1910.106(d)(2)(i)]			
5. No more than 3 flammable lockers stored together? (NFPA 30 4-3.1)			
6. General housing keeping in locker? [29 CFR 1910.106(e)(2)(iv)(a)]			
7. Adequate aisle space maintained around locker? [29 CFR 1910.106(e)(9)(ii)]			
8. Material is stored in closed containers? [29 CFR 1910.1069(e)(2)(iv)(a)]			
9. Fire extinguisher located > 10-feet and < 25-feet from storage locker/area [29 CFR 1910.106(d)(7)(i)(b)]?			

**HAZARDOUS MATERIALS/WASTE**

	Y	N	N/A
1 Are containers properly labeled as to contents? [29CFR 1910.1200(f)(5)]			
Are emergency showers and eye wash facilities available where employees are exposed to corrosive materials?			
3 Are they being inspected/flushed as required?			
4 Are these inspections being correctly documented?			
Is an unobstructed area being maintained around the eye wash facilities			
6. Is the Chemical Fume Hood currently certified - annually?			
Are chemical inventories being maintained and are they being inspected on a quarterly basis? [29 CFR 1910.1200(e)(1)(i)]			
Are required MSDSs available and present? [29 CFR 1910.1200(g)(8)]			
9 Are hazardous chemicals being properly segregated?			
10 Do hazardous chemical containers have a HSMS sticker affixed?			
11 Are personnel receiving HAZCOM training when a new hazard is introduced into the work area, [29 CFR 1910.1200(h)]?			

**INFECTIOUS MATERIAL/WASTE**

	Y	N	N/A
1. Are the Biological Safety Cabinets being currently certified at least annually, after repairs and/or relocation based on the NSF Standard 49?			
2. Are infectious material storage cabinets and freezers appropriately labeled and secured?			
3. Is infectious material being isolated from non-infectious material?			
4. Are appropriate quality control methods being utilized during disinfections (spore strips for autoclaving) and a record of the results being logged?			
5. Are sharps, needles and syringes being disposed of in an appropriate container/			
6. Is regulated medical waste (RMW) being separated from general waste and deposited into appropriate containers?			
7. Are red plastic bags or bags affixed with the Biohazardous warning label being used for the disposal of RMW and pathological waste?			

**LABORATORY SAFETY**

	Y	N	N/A
1 Is the policy "No Smoking, Eating, Drinking" and storing of these items in effect within the laboratory and any area posted as a biological hazard area [29 CFR 1910.141(g)(2)]?			
2. Are syringes and needles being secured when not in use?			
3 Are workers wearing the required Personal Protective Equipment (PPE) for the location and for the work being Performed [29 CFR 1910.133]?			
4 Is the PPE being maintained and stored in a sanitary manner [29 CFR 1910.132(a)]?			
Have personnel been trained in the proper use and maintenance of the PPE?			

6. Are respirators being worn when required to prevent exposure to hazardous air contaminants in the workplace? [29 CFR 1910.134]			
7. Is hearing protection being worn by all personnel when required in accordance with the shop's Industrial Hygiene Survey (OPNAVINST 5100.23 Series, Chapter 8)?			
8. Is the PPE checklist from the latest Industrial Hygiene Survey posted in the workcenter [29 CFR 1910.132(d)(ii)]?			
9. Are names and phone numbers for the Principle Investigator or Supervisor posted on the entrance to the Laboratory?			
10. Is the entrance to the laboratory marked with the National Fire Protection Diamond, which has been maintained current?			
11. Is all the proper Hazard Communications posted on the entrance to the laboratory (e.g. Biological, Chemical, and Radiation)?			

**INSPECTOR REVIEW COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSPECTION COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPARTMENT/DIVISION SUPERVISOR** \_\_\_\_\_

**DEPARTMENT COLLATERAL DUTY SAFETY OFFICER:** \_\_\_\_\_

**COMMAND SAFETY OFFICER:** \_\_\_\_\_

**MEMORANDUM**

From: Material and Safety Inspection Team Leader  
To: Officer-in-Charge  
Via: Administrative Officer

Subj: NMRCD INSPECTION DISCREPANCY REPORT OF ZONE #(1, 2, OR 3

Ref: (a) NMRCDINST 5040.1B

Encl: (1) NMRCD Material and Safety Inspection Checklist  
(2) NMRCD Inspection Findings

1. In accordance with reference (a) a Material and Safety Inspection was conducted in Zone #(1, 2 or 3) on (DATE). Enclosure (1) is hereby presented.

2. Enclosure (2), NMRCD Inspection Findings, is submitted with the discrepancies, recommendations and comments noted from this inspection.

Signature

Copy to:  
Safety Officer

Enclosure (5)

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