

STANDARD UNIVERSITY CITATIONS

Rad Cite	A1a Radioactive materials were found in an unauthorized space. Move the materials to an authorized space as soon as possible or send a written request to add the space to your authorization if desired
Rad Cite	A1b Your laboratory is currently using a protocol that has not yet been approved by EHS. Please submit a completed Schedule A and Schedule C describing the type of experiment to be conducted, which should include the type(s) of radionuclides and quantities, involved in the experiment.
Rad Cite	A1c You are in non-compliance due to previous unresolved citation(s). Prompt and full response is needed to restore full use privileges.
Rad Cite	A1d The most recent copy of your radioactive materials source license was not available in your radiation safety notebook. If a copy is in the EHS files, it is attached for your files.
Rad Cite	A1e Rooms listed on your current source license have been vacated without an exit survey being performed and/or prior notification to EHS.
Rad Cite or Non Cite Rad	A2 Radiation Worker Registration forms for radiation workers could not be located. Send registration form (Appendix B) and/or correct files promptly. If a copy is in the EHS files, it is attached for your files.
Rad Cite	A3a Daily inventories (Appendix D) do not reflect actual usage of radionuclides. These must be brought up to date and kept current at all times.
Rad Cite	A3b Daily inventories (Appendix D) could not be located for all radionuclides listed on your current inventory.
NonCite Rad	A3c Required monthly inventory records (or statements of no inventory) could not be located. A copy of each monthly inventory or a statement explaining its absence must be included in your files. If copies exist in the EHS files, they are attached.
Rad Cite	A4a Records of surveys for all authorized areas were not available. A monthly survey record, or a written statement of no source use, must be available for each use area.
Rad Cite	A4b Records of surveys for all authorized areas were not available. A review of your most current inventory and/or waste disposal records indicates radioactive material use within the lab during this period.
Rad Cite	A4c The required monthly user survey was not performed and documented within the calendar month.
Rad Cite	A4d Survey records indicate an incomplete survey. The monthly Authorized User survey must consist of a wipe test and instrument survey using a portable, hand-held meter. The instrument make, model number, serial number, calibration date and readings must be recorded on the written survey report. All wipe test results must be recorded in disintegrations per minute (DPMs).
Rad Cite	A4e Wipe test results from survey records show areas of contamination above action levels that were not decontaminated below the applicable action level. This constitutes an incomplete survey.
Rad Cite	A4f Survey records indicate an incomplete survey. Specific survey locations are not documented on your monthly user survey report. All areas surveyed must be identified utilizing a map or by providing a brief description of each area surveyed.
Rad Cite	A4g Survey records indicate an incomplete survey. Wipe tests must include results for all isotopes used within the calendar month.
NonCite Rad	A5 The attached EHS surveys could not be located in your records. Please maintain them and all future EHS surveys in your files for three years.
NonCite Rad	A6a The organization of your radiation safety records needs improvement. Please reorganize them to facilitate use by your staff and inspection by ours.
Documentation	A6b The organization of your laboratory safety records needs improvement. Please reorganize them to facilitate use by your staff and inspection by ours.
NonCite Rad	A7a Pages 11 and/or 20 of the Radiation Protection Manual are not posted in your lab as required. Post a copy of these pages in each room authorized for radioactive material use.
NonCite Rad	A7b "Notice to Employees" is not posted in your lab. A copy must be posted prominently in each lab authorized for radioactive material use.
NonCite Rad	A7c Appendix I of the Radiation Protection Manual is not posted in your lab as required. A copy must be posted in each room authorized for radioactive material use with your building's housekeeper and telephone number completed in step 2.

Non-Serious DLAM	A7d Biohazard labels were not posted on the access door(s) of the laboratory. When infectious agents (excluding Biosafety Level 1) are used in the laboratory, a hazard warning sign, incorporating the universal biohazard symbol, must be posted on the access door to the laboratory work area. Lab entrance signs can be generated on the EHS website at https://ehs.unc.edu/lab/signs/ .
Non-Serious DLAM	A7e Emergency contact information for the Principal Investigator and Safety Supervisor not displayed on the entrance to the laboratory. Lab entrance signs can be generated on the EHS website at https://ehs.unc.edu/lab/signs/ .
Non-Serious DLAM	A7f Required Biohazard entryway signs /or use of biohazardous materials in laboratory animal forms were not posted on the access doors/ or cubicles of designated BSL-2 space. When biohazardous material (excluding BSL-1) is used during laboratory procedures, an approved biohazard warning sign/or form must be posted on the access door to the work area. To download, complete, and print an EHS approved sign refer to https://ehs.unc.edu/files/2015/10/absl-2.pdf .
Non-Serious	A7g Required use of chemical hazards in laboratory animal forms were not posted on the access doors/ or cubicles of designated BSL-2 space. When potentially hazardous chemicals are used during laboratory procedures, an approved form must be posted on the access door to the work area.
Non-Serious	A7h Required use of radioactive materials in laboratory animal forms were not posted on the access doors/ or cubicles of designated BSL-2 space. When radioactive material is used during laboratory procedures, an approved form must be posted on the access door to the work area.
NonCite Rad	A8a The current Radiation Protection Manual could not be located. Print out or provide access for all lab members to the online manual at www.ehs.unc.edu/Manuals . Older editions are to be discarded.
Documentation	A8b The current Department of Environment, Health & Safety Manual could not be located. Print out or provide access for all lab members to the online manual at www.ehs.unc.edu/Manuals . Older editions are to be discarded.
Documentation	A8c The current Laboratory Safety Manual could not be located. Print out or provide access for all lab members to the online manual at www.ehs.unc.edu/Manuals . Older editions are to be discarded.
Documentation	A8d The current Biological Safety Manual could not be located. Print out or provide access for all lab members to the online manual at www.ehs.unc.edu/Manuals . Older editions are to be discarded.
Documentation	A9b Safety Data Sheets (SDS) for all hazardous chemicals used or stored in the lab were not readily available (hardcopy in lab or <i>via</i> online access) or employees did not know where to find them.
Documentation	A10a A Laboratory Safety Plan (LSP) has not been developed. Each Principal Investigator is required to have an LSP as part of the Chemical Hygiene Plan. Please submit a new LSP online at https://ehs.cloudapps.unc.edu/LabSafetyPlan/ .
Documentation	A10b The Laboratory Safety Plan (LSP) has not been updated. Each Principal Investigator is required to update the LSP at least annually or more often if changes occur. Please submit an updated LSP online at https://ehs.cloudapps.unc.edu/LabSafetyPlan/ .
Documentation	A10c The Laboratory Safety Plan (LSP) was not accessible during the inspection. Please ensure that all employees working in the laboratory have been trained on how to access the LSP.
Documentation	A10d According to Environment, Health & Safety records, we do not have a laboratory safety plan on file that meets current requirements. In order to be in compliance with University and OSHA requirements, please update your LSP online at https://ehs.cloudapps.unc.edu/LabSafetyPlan/ .
Documentation	A10e The Laboratory Safety Plan (Schedule F: Biological Hazards) does not accurately reflect biological hazards in your laboratory. All pathogens and/or etiologic agents, toxins produced by microbial organisms, recombinant DNA molecules, human and non-human primate tissues including blood and body secretions, and human cell lines (established or primary) must be listed.
Documentation	A10f The chemical inventory submitted as part of the Laboratory Safety Plan is overdue for the annual update and/or does not accurately reflect the hazardous chemicals that were found in the lab.
Documentation	A11 Training records indicate that not all lab staff were annually trained on the contents of the Laboratory Safety Plan. This training is completed and documented online via the Laboratory Safety Plan application (https://ehs.cloudapps.unc.edu/LabSafetyPlan/).
Documentation	A11a Records indicate that not all laboratory employees have completed the New Employee Orientation for the Laboratory Environment/Managing Laboratory Generated Hazardous Waste course provided by the Department of Environment, Health & Safety. The course can be completed online at https://apps.fo.unc.edu/ehs/training/laboratory-environment/ .

Documentation	A11b Records indicate that not all the required laboratory members have completed initial or annual Bloodborne Pathogens training. Individuals working with human cells (even established human cell lines) and tissues are to be enrolled in the UNC Bloodborne Pathogens program, and shall work under the policies and guidelines established by UNC's Exposure Control Plan. The training can be completed online at https://ehs.unc.edu/training/self-study/bloodborne-pathogens-in-the-unc-ch-laboratory-setting/ .
Rad Cite	B1a Your lab was unattended and open for an extended period during the EHS inspection just conducted. Please increase your security measures to ensure that rooms are locked or under supervision at all times.
Rad Cite	B1b The refrigerator(s)/freezer(s) located outside of your approved room(s) (i.e., hallway, etc.) was not locked. These must be locked at all times, except when material transfer occurs. If the refrigerator(s)/freezer(s) is not being used for storage of radioactive materials, either deface or cover the "Caution Radioactive Material" label located on the unit(s).
Rad Cite/ NON-S (lab)	B2a 'Food Items Only' areas and/or 'Research only' storage areas in your lab are not posted. Please post these areas prominently in accordance with University policy in the Laboratory Safety Manual (at www.ehs.unc.edu/manuals). See below for specific locations.
Rad Cite/ NON- S (lab)	B2b Food areas in your lab do not comply with University guidelines. Please consult the Laboratory Safety Manual (at www.ehs.unc.edu/manuals) and relocate food areas.
Rad Cite	B2c Food items were found in radioactive storage/use areas of your lab. Please refer to the specific item(s) and location(s) noted below and correct the problem.
	B2d Food items were found in non-food areas of your lab. Please consult the Laboratory Safety Manual (at www.ehs.unc.edu/manuals) and relocate these food items to designated food areas.
Rad Cite/ NON-S (lab)	B2d Food items were found in non-food areas of your laboratory. Please consult the Laboratory Safety Manual (at www.ehs.unc.edu/manuals) and relocate these food items to designated food areas.
Rad Cite/ NON-S (lab)	B3a Bench covers in your lab are in poor condition. Please replace them and re-label your radionuclide work areas.
Rad Cite	B3b Radiation use areas are not adequately marked or posted to warn of potential dangers. Specific areas/items are noted below.
Non-Serious	B3c Laboratory equipment used for BSL-2 or greater containment is not posted with the universal biohazard warning symbol. This symbol must be used to identify the actual or potential presence of a biological hazard on or in freezers, incubators, centrifuges, biological safety cabinets, etc. which are used with agents listed on Schedule F of the Laboratory Safety Plan.
Serious	B4a Eye protective devices are not consistently worn by lab employees while working in the laboratory. University policy requires that eye protective devices be worn by students, faculty, staff, and visitors in laboratories where chemicals, biologicals, and/or radioactive materials are stored or handled. .
Serious	B4b Protective gloves are not consistently worn by lab employees. Proper protective gloves must be worn whenever the potential for contact with corrosive, radioactive, or toxic materials, materials of unknown toxicity, sharp objects, or very hot or very cold materials.
Non-Serious	B4c Lab employees are not wearing appropriate footwear while working in the laboratory. Open toed shoes, sandals, or flip-flops should not be worn in laboratories or where mechanical work is being done.
Non-Serious	B4d Lab employees do not consistently wear protective apparel. Laboratory coats or jackets must be worn for protection against minor chemical splashes, chemical spills, and when handling hazardous materials. Rubber, plastic, or disposable aprons must be used for corrosives, acid baths, or irritant liquids.
Rad Cite	B5 Your survey meter was found with a dead/low battery. Please replace all dead/low batteries promptly. If the meter is not in working order, it must be repaired promptly and a substitute instrument made available. If the meter(s) is out of service, promptly tag it as such.
Rad Cite	B6 Your lab is using a survey meter that is out of calibration. Please contact EHS and have the meter calibrated or tag the meter as out of service and use a meter that has been calibrated within the last year.
Non-Serious	B7 Materials in your laboratory hood potentially restrict airflow. Lab hoods are not to be used for storage of chemicals, chemical wastes, or equipment. Remove unnecessary equipment and materials that can disrupt airflow and block vents.
Non-Serious	B7a Biological safety cabinet(s) requiring annual certification (i.e. when cultured or concentrated pathogens that necessitate BSL-2 containment are used) is (are) not being certified.

Serious	B7b Biosafety Level 2 work practices do not protect against infectious aerosols or splashes. Such work must occur in a biological safety cabinet or other physical containment equipment providing personnel protection.
Non-Serious	B7c The alarm on your chemical hood was switched off or not maintained and/or not operating properly. Proper function of this device is essential to confirm adequate airflow during hazardous manipulations in the hood.
Imminent Danger	B7d Mechanical equipment is not equipped with adequate guards that prevent access to electrical connections or moving parts. In some instances Facilities Services may be contacted for repairs at 919-962-3456 or online at https://facilities.unc.edu/ .
Non-Serious	B7e The use of a Bunsen burner within a biological safety cabinet was found in your lab. Using natural gas or other flammable gases within BSCs may allow flammable gases to concentrate, leading to a potentially volatile atmosphere. Gas lines to BSCs using Bunsen burners will be disconnected. For alternatives see our Use of Flammable Gas in BSCs policy at https://unc.policystat.com/policy/5854079/latest/#autoid-edp92 .
Non-Serious DLAM	B7f Cage changing station(s) requiring annual certification is (are) not being certified.
Non-Serious	B7g Chemical hood(s) requiring annual certification is (are) not being certified.
Non-Serious	B7h Improper use of the chemical hood was observed in your laboratory.
NonCite Rad	B8a Personnel radiation dosimeters (badges, rings) are not being used appropriately. Ensure that personnel are using dosimeters properly.
NonCite Rad	B8b Dosimeters and/or controls are not being stored in a radiation-free environment. Immediate relocation of your badges is required.
NonCite Rad	B8c Dosimeters are not being returned to the vendor promptly upon the receipt of replacement dosimeters. Dosimeters and controls must be returned to the vendor on time to ensure timely measurements and records.
NonCite Rad	B8d Personnel are not covering ring dosimeters with gloves. Always wear gloves when handling radioactive materials. Don gloves <u>over</u> ring dosimeters.
NonCite Rad	B9 Records indicate that workers are not following bioassay guidelines. Review the bioassay requirement with your staff and ensure procedures are followed.
Serious	B9b Employees working without proper vaccinations. Hepatitis B vaccination must be made available to all employees working with human tissues including blood and body secretions, and human cell lines (established or primary). Employees who decline to accept hepatitis B vaccination must sign a statement of declination.
Serious	B9c Baseline serum samples for laboratory and/or other at-risk personnel are not being collected and stored as indicated on your Schedule F (Biological Hazards).
Rad Cite	B10 Vacuum lines associated with radionuclide use are not protected as required. Please follow the procedure outlined on page 34 of the Radiation Protection Manual promptly.
Non-Serious	B10a Vacuum lines used for media suction in biological safety cabinet are not protected with an in-line HEPA filter or filter of equivalent or greater efficiency.
Non-Serious DLAM	B10b Slim line HEPA unit(s) for cage changing station(s) is (are) requiring annual certification is (are) not being certified.
Serious	B11a Hallways or exits are obstructed from free passage per NC State Fire Code 1020.1. Relocate improper storage in specific locations noted below. This matter has been referred to UNC Fire Safety for follow up.
Non-Serious	B11b The laboratory, bench top and/or hood is cluttered with excess materials. Specific details are noted below. Remove and/or properly store these materials to ensure a safe and healthy work environment.
Serious	B12a Incompatible chemicals are stored together in your laboratory. Segregate and store chemicals according to hazard class. If separate storage cabinets are not available, place the chemical containers in plastic trays or bins. This will prevent commingling of the hazardous materials in the event of an accidental leak or spill.

Serious	B12b More than ten (10) gallons of flammable/combustible chemicals were stored outside a flammable storage cabinet in your laboratory. The maximum quantity of flammable or combustible chemicals permitted to be stored openly in a laboratory is 10 gallons. Quantities greater than 10 gallons must be stored in a flammable storage cabinet.
Serious	B12c More than thirty (30) gallons of flammable/combustible chemicals are stored in your flammable storage cabinet(s). University policy states that no more than 30 gallons of flammable or combustible chemicals may be stored in a flammable storage cabinet and no more than 2 storage cabinets per laboratory unit.
Non-Serious	B12d The flammable storage cabinet(s) in your laboratory is (are) located near an exit door or in the hallway. University policy prohibits placing flammable storage lockers near exit doors or in hallways. Relocate your flammable storage cabinet(s) in accordance with this policy.
Serious	B12e Glass containers of liquid hazardous materials stored on the floor are not double contained. Promptly put into use the necessary secondary containment/breakage protection.
Serious	B12f Containers of hazardous materials were not labeled properly. All containers of hazardous materials are required to be labeled with the full name of the chemical and any hazard warnings associated with the product. In addition, the name of the chemical must be spelled out completely. Molecular formulas, such as H ₂ SO ₄ indicating sulfuric acid, are inappropriate and do not meet University policy and federal requirements.
Serious	B12g Peroxidizable compounds are not handled properly in your laboratory. These compounds must be handled in accordance with the requirements listed in Chapter 13 of the Laboratory Safety Manual.
Serious	B12h Hazardous chemicals are not stored properly in your laboratory. Specific details are noted below.
Serious	B12i Flammable and/or combustible materials are improperly stored in a non-explosion proof refrigerator or cold room. Such materials cannot be stored in a non-explosion proof refrigerator or cold room. Promptly remove these materials and store them in a flammable storage locker or in a safety refrigerator or explosion-proof refrigerator .
Non-Serious	B12j Elemental mercury containing equipment was found in your laboratory. University policy states that all non-essential uses of elemental mercury should be eliminated from campus laboratories as of December 31, 2009. Please reference the Mercury-Free UNC Policy (https://ehs.unc.edu/oe/mercury/) for more information. To dispose of your mercury containing equipment submit an online hazardous waste pickup form (https://ehs.cloudapps.unc.edu/HazMat_Pickup/).
Non-Serious	B12k Ethidium Bromide is not being handled properly in your laboratory. Ethidium Bromide waste disposal procedures are outlined on the EHS website.
Serious	B13a Unsupported compressed gas cylinders were found in your laboratory. Compressed gas cylinders must be supported in the upright position at all times, whether empty or full. Lecture cylinders are not required to be stored in the upright position. A Compressed Gas Safety training module (https://apps.fo.unc.edu/ehs/training/compressed-gas/) is available on the EHS website and details the different types of hazards relevant to compressed gases along with information concerning storage and transportation, regulators, and disposal. This training is recommended for all laboratory workers who utilize compressed gases.
Serious	B13b Unlabelled compressed gas cylinders were found in your laboratory. Ensure that all compressed gas cylinders within your laboratory are clearly labeled as to the contents. Wherever hydrogen or acetylene is stored or used, warning signs must be posted on each access door to the laboratory indicating “Hydrogen/Acetylene - Flammable Gas - No Smoking - No Open Flames.” A Compressed Gas Safety training module (https://apps.fo.unc.edu/ehs/training/compressed-gas/) is available on the EHS website and details the different types of hazards relevant to compressed gases along with information concerning storage and transportation, regulators, and disposal. This training is recommended for all laboratory workers who utilize compressed gases.
Serious	B13c Uncapped compressed gas cylinders were found in your laboratory. Compressed gas cylinders must have the valve protection cap in place except when in use. A cylinder connected to a piece of equipment and properly supported is considered to be in use. A Compressed Gas Safety training module (https://apps.fo.unc.edu/ehs/training/compressed-gas/) is available on the EHS website and details the different types of hazards relevant to compressed gases along with information concerning storage and transportation, regulators, and disposal. This training is recommended for all laboratory workers who utilize compressed gases.

Rad Cite	C1a Waste forms attached to waste containers are not being completed to reflect the current contents inside the container(s). All forms must contain the AU name, date, isotope and activity. Liquid and scintillation waste forms must also identify all chemical constituents.
Rad Cite	C1b Waste forms are not attached to waste containers. The specific location is noted below. If you do not have the proper forms, please go to the EHS website and generate a form for each container. If you have the forms, they must be completed to reflect the current contents of all containers.
Rad Cite	C1c Waste forms attached to your containers show more than one serial number. Renumber boxes or tags on bottles to match the serial number on the waste form. If you require space for more entries than allowed on the waste form, please go to the EHS website and generate another form and attach to the back of the original form.
Rad Cite	C1d Tags are not attached to all liquid waste containers. Use the attached tag(s) for this. The name of the Authorized User, the number corresponding to the waste form and the radionuclide must be entered on the tag.
Rad Cite	C1e Completed tags are not attached to all liquid waste containers. The name of the Authorized User, the nuclide(s) in the container and the number corresponding to the waste form must be entered on the tag.
Rad Cite	C2a Dry, liquid, and/or scintillation vial wastes are mixed in your containers. Contents of improperly segregated containers must be repackaged according to categories listed on the waste form.
Rad Cite	C2b Both short-lived (≤ 275 days) and long-lived (> 275 days) radioactive waste are being deposited in the same waste container(s). Segregate waste in accordance with the categories provided on the waste form.
Rad Cite	C2c Scintillation vials are discarded loosely in your drum. They must be repackaged in groups of approximately 100 in small, clear plastic bags or returned to their flats and then deposited in the drum.
Rad Cite	C2d Liquid radioactive waste bottles in your lab are not contained in a rubber bucket (or equivalent). Promptly put into use the necessary secondary containment/breakage protection.
Rad Cite	C2e Radioactive liquid waste must be closed except when waste is being added or removed. Specific locations are noted below.
Rad Cite	C2f Radioactive waste is being stored in non-standard containers. These containers must be replaced promptly with the standard EHS approved containers.
Rad Cite	C2g Temporary radioactive waste receptacles are not being emptied into standard waste containers on a daily basis. Specific locations are noted below.
Rad Cite	C2h Biohazard Bags were found in your dry waste. Infectious waste must be autoclaved before being placed in radioactive waste containers.
Rad Cite	C2i Liquid radioactive waste is being disposed to the sanitary sewage system without prior authorization by EHS and/or records of disposal are not being maintained.
Rad Cite	C2j Radioactive waste is being stored in standard dry and/or LSC waste containers that do not contain a liner. If you do not have waste container liners, call the Department of Environment, Health & Safety (919-962-5507) to obtain them.
Rad Cite	C3 Radioactive waste was found in an ordinary trashcan. Specific location is noted below.
Rad Cite	D1 Radiation levels in your lab are in excess of established limits. Locations are noted below. Please take immediate steps to reduce exposure levels to less than 2 mrem/hr at 30 cm (1ft.) from the container(s) and as far below as practicable.
Rad Cite	D2 Contamination levels in your lab exceed established limits. Locations are noted below. Decontamination must be done promptly followed by resurvey. Document survey results in your file and send a copy to EHS.
Rad Cite	D3 Required documentation for decontamination of areas above action levels was not available. The results of post-cleanup surveys must be documented in DPM to demonstrate adequate decontamination.
Rad Cite	E1a Radioactive materials in your possession are not recorded in your inventory. These items must be added to your next monthly inventory and a Daily Inventory Sheet (Appendix D of Radiation Safety Manual) created if one does not exist; or the items in question must be promptly put to waste.
Rad Cite	E1b Radioactive materials listed on your inventory could not be found during a physical inventory. The items in question must be accounted for promptly. Telephone confirmation of the location or loss of the materials should have been completed by the time you receive this report; however, the item must be addressed in your written response.
Rad Cite	E1c Not all aliquots of radioactive materials are labeled adequately with their corresponding inventory control numbers. Please label all aliquots.

Serious	F1 Chemical waste in your lab is not properly identified. All containers must be labeled with information to properly identify the hazard. Each waste container must be properly identified with the words “Unwanted Materials” and list the constituents on the label or associated tracking sheet using full chemical names and percentages; chemical formulas or abbreviated names are prohibited.
Serious	F2 The total volume of hazardous waste accumulated in your laboratory exceeded the EPA allowable limit of 55 gallons. Contact the Department of Environment, Health & Safety at 919-962-5507 to schedule a hazardous waste pick-up..
Serious	F3 Chemical waste containers must be closed except when waste is being added or removed. Specific locations are noted below. The lid must be secured tightly such that all liquid inside the container is contained in the event the bottle is accidentally tipped on its side.
Serious	F4 Liquid chemical waste bottles (≤ 4 liters) in your lab are not contained in a secondary container. Promptly put into use the necessary secondary containment/breakage protection.
Serious	F5 Chemical waste is being accumulated away from the point of generation. Specific locations are noted below. Hazardous waste regulations require that the generator accumulate chemical waste in containers at or near any point of generation where wastes initially accumulate, which is under the control of the operator of the process generating the waste. Wastes cannot be stored in a separate room or down the hall.
Serious	F6 Improper management of photographic waste. Silver recovery unit must be present and properly maintained. Used film must be stored in properly labelled EHS containers with no used film in trash or scraps of film on floor. Photo processing chemical spills on counters and staining in sink must be promptly cleaned.
Serious	F7 Chemical waste in your lab is not properly labeled with the accumulation start date. Each chemical waste container must be dated on the label to indicate when waste was first added to the container.
Serious	F8 Chemical waste in your lab has not been picked up within 12 months of the accumulation start date.
Serious	G1 Improper handling/collection of infectious waste was observed in your laboratory. Infectious waste must be accumulated in properly labeled, leak-proof RED containers. Unautoclaved waste must be kept in the laboratory except while en route to the autoclave. If the autoclave is in use, the unautoclaved waste must be taken back to the laboratory. Once decontaminated, dispose of the material in the appropriate waste stream. Refer to the Department of Environment, Health & Safety Biological Safety Manual for more information.
Serious	G2 Liquid microbiological waste is being poured down the sanitary sewer without prior steam sterilization. NC Medical Waste Rules do not allow chemical disinfection of microbiological waste followed by disposal to the sanitary sewer unless approval has been obtained from the NC Division of Waste Management. If steam sterilization is not feasible, refer to https://ehs.unc.edu/biological/microbio/ .
Non-Serious	G2a Liquid microbiological waste is being handled improperly. See below for specific locations.
Non-Serious	G3a An autoclave is not available to your laboratory to steam sterilize biohazard waste as required before disposal. Contact EHS for other options.
Non-Serious	G3b Autoclaves used to treat biohazard waste must be tested weekly with biological indicators under conditions of full loading. A log of weekly bioindicator testing must be maintained.
Non-Serious DLAM	G3c Autoclave(s) requiring DOL inspections every two years is (are) not being inspected. For more information or questions please contact EHS Biosafety at biosafety@ehs.unc.edu.
Non-Serious	G4 A biohazard spill kit is not available in your designated BSL-2 space. Please refer to the Biological Safety Manual regarding contents and storage of a biohazard spill kit.
Non-Serious	H1 Improper handling/collection of sharps (i.e. razors, etc.) was observed in your laboratory. These materials must be collected in 5.4 quart plastic containers, available from Fisher Scientific (stock number 1482664B), and labeled “Caution - Needles and Sharps. Non-hazardous Materials.” Containers used for collection of contaminated sharps should be labeled to identify the hazard. Containers containing biohazard sharps (i.e. at BSL-1, BSL-2, BSL-3) must be labeled as biohazard and autoclaved according to the UNC Biohazard Waste Policy prior to disposal. Sharps contaminated with trace carcinogens or short-lived radioactive materials must be collected for hazardous waste disposal.

Imminent Danger	H1a Improper handling/collection of syringes and/or needles was observed in your laboratory. These materials must be collected in 5.4 quart plastic containers, available from Fisher Scientific (stock number 1482664B), and labeled "Caution - Needles and Sharps. Non-hazardous Materials." Containers used for collection of contaminated sharps should be labeled to identify the hazard. Containers containing biohazard sharps (i.e. at BSL-1, BSL-2, BSL-3) must be labeled as biohazard and autoclaved according to the UNC Biohazard Waste Policy prior to disposal. Sharps contaminated with trace carcinogens or short-lived radioactive materials must be collected for hazardous waste disposal.
Non-Serious	H2 Improper handling/collection of broken glass or other sharp items (i.e. pipettes/tips) was observed in your laboratory. Non-contaminated sharp items must be placed in a plastic bag lining a cardboard box labeled "CAUTION - GLASS AND SHARPS, Non-Hazardous Material Only." Biohazard pipettes/tips must be collected and labeled separately to minimize puncture while loading/unloading the autoclave.
Serious	J1a Emergency eyewash and shower equipment is obstructed. Remove items to permit unrestricted access in the event of an emergency.
Non-Serious	J1b Emergency eyewash and shower equipment is not identified properly in your laboratory. Ensure that each eyewash and shower location is identified with a highly visible sign.
Serious	J1c Sufficient emergency eyewash and shower equipment is not available for personnel in your laboratory. Designated emergency eyewash stations must provide hands-free dual-eye irrigation. Individual departments are responsible for procuring acceptable safety equipment. To install equipment, submit a work order to Facilities Services with your department's customer ID number. For assistance, contact the Department of Environment, Health & Safety at 919-962-5507.
Non-Serious	J1d The emergency eyewashes in the lab are not being activated monthly to ensure operation or the activation is not being documented by the lab.
Non-Serious	J1e The emergency eyewash in your laboratory has damaged or missing parts (e.g. spray head cover or cap). Individual departments are responsible for the repair and/or procurement of acceptable replacement parts. To install or repair equipment, submit a work order to Facilities Services with your department's customer ID number. For assistance, contact the Department of Environment, Health & Safety at 919-962-5507.
Serious	J2a Fire detection and prevention equipment (pull stations, smoke detectors, fire extinguishers, etc.) is obstructed. Specific information is noted below. Relocate materials to ensure that fire detection and prevention equipment is visible and unobstructed.
Serious	J3 Materials in your laboratory are currently stored less than 18 inches from sprinkler heads. National Fire Protection Association (NFPA) regulations require materials to be stored below an imaginary horizontal plane located 18 inches below sprinkler heads. Relocate these items to ensure compliance and to allow the sprinklers to work properly and effectively in the event of a fire.
Imminent Danger	J4a Damaged or frayed apparatus electrical cords were identified in your laboratory. Specific pieces of equipment are noted below. Discontinue using this equipment until properly repaired by an electrician. If equipment is no longer needed, submit a surplus property pick-up request to Materials Support.
Non-Serious	J4b Extension cords and/or power strips are used in the laboratory on a non-temporary basis. The use of extension cords or power strips in this manner is prohibited. The exception applies to computer workstations where power strips may be used. Discontinue the permanent use of extension cords and power strips. If additional electrical outlets are necessary, complete and submit a work order to Facilities Services.
Non-Serious	J4c Access to electrical panels requires 36" clearance. Storage is not allowed directly in front of an electrical panel per NC State Fire Code 605.3.
Non-Serious	J5 Laboratory space designated at BSL-2 containment should promote hand washing after gloves are removed and prior to leaving the area. BSL-2 containment requires a sink readily available for hand washing with liquid soap and paper towels.
Non-Serious	J6 Designated BSL-2 laboratory areas are not easily cleanable. Work surfaces and equipment (e.g. bench tops, floors, and chairs located at biological safety cabinets) are to be impervious to water, resistant to moderate heat, and resistant to the organic solvents, acids, alkalis, and chemicals used for decontamination.
Imminent Danger Serious Non-serious	K1 An unsafe or unhealthy condition was identified in your laboratory. Specific information is noted below. Ensure that corrective action has been taken to remediate the unsafe or unhealthy condition.