I. In order to support compliance with laboratory safety policies and procedures in the Duke University research laboratories, the Occupational and Environmental Safety Office’s (OESO) Laboratory Safety Program requires routine laboratory audits of each Principal Investigator’s (P.I.’s) laboratory (ies). The laboratory audit consists of a review regarding the following safety issues related to federal, state, or local regulations or guidelines:

- Biological Safety
- Chemical Safety & Waste Management
- Appropriate Standard Operating Procedures, including personal protective equipment
- Fire Safety
- References and Information Resources

II. Laboratory audits are conducted and managed by a Safety Specialist representing the Laboratory Safety Program. Audits are scheduled with the P.I. or his/her designee. Failure to schedule an audit within six weeks of the audit due date may result in escalated enforcement actions as described below.

III. At the time of scheduling, P.I.s or their designees are directed to the laboratory audit tool found on the Occupational and Environmental Safety Office website to review.

IV. The Laboratory Safety Specialist will review any discrepancies found during the audit with the P.I. or designee at the time of audit completion. Additionally, the laboratory safety specialist will provide a follow-up memo to both the P.I. and the Lab Coordinator (if applicable). If there are safety issues found during the audit, the laboratory safety specialist will note this in the follow-up memo and request a written response from the P.I. or Lab Coordinator regarding corrective actions that need to be taken.

V. The P.I. (or Lab Coordinator) response should be received within 2 weeks of the request. If there has been no adequate response within this 2 week period, the laboratory safety specialist will initiate the escalating enforcement process.

VI. Escalating Enforcement Process: This timeline may be adjusted for valid reasons for untimely or no response.

   a. **(2 wks) Reminder.** If a corrective action plan for safety discrepancies or issues has not been provided within 2 weeks of notification (as above), the
laboratory safety specialist(s) will send a reminder memo of the request for corrective action.

b. **(4 wks) Second Reminder and if necessary, targeted audit.** If there is still no response from the P.I. or Lab Coordinator regarding appropriate corrective action by 4 weeks, a second reminder is sent to the Lab Coordinator (if applicable), P.I., AND Department Chair. A targeted audit of the laboratory (ies) may be conducted. Targeted audits may or may not be scheduled in advance with the laboratory (ies). Experts from other OESO divisions may be asked to accompany the laboratory safety specialist(s) for help with specific issues.

c. **(6 wks) Notification to Dean.** If the appropriate corrective actions are not communicated by 6 weeks, the issues of non-compliance will be brought to the attention of the P.I.’s Dean, or other representative of the Institutional Administration as appropriate.

d. **(8 wks) Notice to Safety Committee/Upper Administration (Compliance Office).** If satisfactory resolution still cannot be obtained, the matter will be escalated to the appropriate Safety Committee and, if necessary, senior Institutional Administration.

VII. The Laboratory Safety Specialist will keep laboratory audit information within the Laboratory Safety Management System and will update this information each year after the annual audit. Information in The System includes whether or not there are safety compliance issues requiring follow up and if these have been resolved. The P.I. laboratory (ies) will also be designated as “compliant” or “non-compliant” based on the resolution of these issues.

VIII. Copies of the follow-up memos and other correspondence with the laboratory staff will be saved in the OESO’s files for the P.I.

IX. On a quarterly basis, laboratory safety specialists will review the Laboratory Safety Management System for the number and percentage of laboratories that have been audited; the number (percentage) of laboratories who had safety issues to be resolved; the number (percentage) of those laboratories with issues who resolved them; and the number (percentage) of those laboratories with issues who did not resolve them; and the number (percentage) of all laboratories in compliance with the safety issues reviewed during the laboratory safety audit process.