

INTRODUCTION	
Date of Inspection:	26 th February 2004
Area Inspected:	MSI Floor 3 Tissue Culture (TC) Facility, Room 3.29
Facility Users:	CGP group
Lab Manager:	Brian Weryk
Name of Inspector(s):	SLS Health & Safety Working Group members: Lisa Grayson, Irene Blair, Gail Alexander, Monica Lacey.
Objective of Inspection:	To establish the current status of all TC facilities, in terms of compliance with the local rules - Procedures Governing Work Activities Involving Micro-Organisms Requiring Level 1 or Level 2 Containment – as issued prior to the GM Inspection of July 2002.
NOTE	
<p>1. The person(s) indicated in the “OBSERVATIONS...” column must implement the recommended remedial action by the date specified in the “ACTION” column.</p> <p>2. The H&S Working Group will produce generic risk assessments, official standard operating procedures, etc to aid in the implementation of corrective action. A standard training program will also be devised.</p>	
OBSERVATIONS & REMEDIAL ACTION	ACTION
<p>1. BSO</p> <p>☹ David Williams. Brian to check that all staff in the Division are aware of this.</p>	31/8/04
<p>2. Hazard Group 2 / Containment Level 2</p> <p>☹ Human blood is used and CGP Group is registered for adenovirus work. Brian to inform H&SWG immediately is status changes.</p>	As & when
<p>3. Signage</p> <p>☺ Biohazard and “No entry to cleaners” signs posted as required.</p>	
<p>4. Restricted Access</p> <p>☹ Only in so far as access to the Complex is restricted. Yale lock on door not used. H&SWG to check with Safety Services as to whether this is acceptable.</p>	31/8/04
<p>5. Negative Pressure</p> <p>☺ Suite is negative to “anteroom”. (Not really an anteroom; just a short corridor between the suite door and main corridor. Door off main corridor is always open.)</p>	
<p>6. Emergencies</p> <p>☺ Fire and First Aid provisions adequate.</p> <p>☹ Brian to ensure there is an eye wash facility nearby.</p> <p>☹ Brian to check that all phones in the vicinity bear the emergency number sticker.</p> <p>☹ Brian to confirm if gas or other burners are in use.</p> <p>☹ No flammable warnings on 70% EtOH bottles. H&SWG to supply.</p> <p>☹ No dedicated spill kit but Virkon and blue roll available. Spill procedure posted in suite. H&SWG to review spill procedure and consider need for dedicated spill kit.</p>	<p>ASAP</p> <p>31/8/04</p> <p>31/8/04</p> <p>31/8/04</p> <p>30/9/04</p>

<p>7. General cleanliness/tidiness & hygiene</p> <ul style="list-style-type: none"> ☺ Suite is reasonably clean and tidy. ☹ Do above floor cleaners operate in these suites? If not, who does cleaning? Brian to inform H&SWG. ☹ Hand-washing sink is in acceptable condition. 	31/8/04
<p>8. Work space/surfaces</p> <ul style="list-style-type: none"> ☺ Adequate space. ☺ Work surfaces in good condition. 	
<p>9. Slip/trip/height hazards</p> <ul style="list-style-type: none"> ☺ No trailing cables or height hazards. 	
<p>10. Storage of chemicals/consumables</p> <ul style="list-style-type: none"> ☺ Acceptable. 	
<p>11. Local rules</p> <ul style="list-style-type: none"> ☺ Displayed. 	
<p>12. PPE</p> <ul style="list-style-type: none"> ☺ Blue labcoats available and in good condition. No one in suite to observe. ☹ Disposable gloves available. No one in suite to observe. ☹ These issues are universal and need to be addressed at H&S Management Committee level. H&SWG to raise at next meeting. 	30/9/04
<p>13. Disinfection</p> <ul style="list-style-type: none"> ☺ 70% EtOH and Virkon both readily available. Also Terminex spray. ☺ Preference for autoclaving appears to be generally understood. ☹ Did not discuss disinfection validation. Need to raise awareness amongst all TC workers. H&SWG to consider. 	30/9/04
<p>14. Waste Disposal</p> <ul style="list-style-type: none"> ☺ Sharps – sharpsafes not overfilled. No evidence of plastic pasteurs being used. H&SWG to issue reminder on benefits and availability of plastic pasteurs. ☺ Solid waste – bins in good condition, not overfilled and no evidence of liquid waste. ☺ Aspirators – in good condition and filters in place. ☹ Other liquid waste – some being collected in an open plastic beaker. Brian to let H&SWG know (1) if this is common practice and (2) what happens to waste collected in beakers, i.e. does it eventually go to the autoclave or is it disinfected? ☺ Pipettes – bins in good condition and no evidence of liquid waste in bin. ☹ Blood/tissue waste - Not discussed. Local rules to be revised by H&SWG. ☹ Chemically toxic waste – Not discussed. Waste disposal route to be reviewed by H&SWG. ☺ Normal refuse – no evidence of hazardous waste in normal refuse. ☹ Lidded biohazard bins for CL2 work – no evidence of. Such a bin would be required when adenovirus work is in progress, as per the local rules. Brian to ensure staff understand this. 	<p>31/8/04</p> <p>31/8/04</p> <p>In progress</p> <p>In progress</p> <p>31/8/04</p>
<p>15. Radioactive work/waste</p> <ul style="list-style-type: none"> ☹ Evidence of radioactive work. Trefoil signs posted. Brian to inform group as to whether contamination monitoring logs are kept for TC and if staff follow a standard procedure for working with radioactivity in TC. 	31/8/04
<p>16. Equipment</p> <ul style="list-style-type: none"> ☹ Only one MSC bears a current test report and it is dated 2002. Brian to ensure this year's reports are clearly displayed. 	30/6/04

<ul style="list-style-type: none"> ☹ Only cabinet nearest door is fumigated prior to servicing. Other cabinet is used only for CL1 work. Brian to inform H&SWG if status changes. ☺ Users perform visual checks and report defects to lab manager. ☺ Other equipment generally in good condition. ☹ No evidence of sealed buckets. These should be used when centrifuging human blood or other potentially infectious material. Brian to discuss with relevant staff members. ☹ Wash-Up staff clean incubators. Lab managers clean MSCs at servicing time. No SOPs at present. H&SWG to draft. 	<p style="text-align: right;">As & when</p> <p style="text-align: right;">31/8/04</p> <p style="text-align: right;">30/9/04</p>
<p>17. Training</p> <ul style="list-style-type: none"> ☹ Training given by senior member of lab staff but no written records kept. Training record deficit is universal. H&SWG to address. 	<p style="text-align: right;">31/8/04</p>
<p>18. Risk Assessment</p> <ul style="list-style-type: none"> ☹ There are no risk assessments for TC activities. Risk assessment deficit is universal. H&SWG to address. 	<p style="text-align: right;">30/9/04</p>
<p>19. Arrangements for visitors E&B and contractors</p> <ul style="list-style-type: none"> ☺ H&SWG formally announced introduction of PTW scheme for TC suites on 2/6/04. ☹ Safety clearance certificate is available but appears only to be used for MSCs. Brian to ensure Safety Clearance certificate is used for all equipment. ☺ Labcoats are available for visitors and E&B. ☺ Visitors are escorted. 	<p style="text-align: right;">As of now</p>
<p>20. Other Comments</p> <ul style="list-style-type: none"> ☺ Chairs in good condition. ☹ The CO2 cylinders (x 2) supplying the incubators are kept in the suite. H&SWG to make sure these are included in any future regulator testing program. 	<p style="text-align: right;">As & when</p>
SIGNATURES & DATE OF NEXT INSPECTION	
Signature of Inspector(s):	
Date of Next Inspection:	