

INTRODUCTION	
Date of Inspection:	26 th February 2004
Area Inspected:	MSI Floor 4 Tissue Culture (TC) Facilities, Room 4.01 & 4.17
Facility Users:	EBL group
Lab Manager:	Lynn McKay
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>☹ Inke Nathke. Not all staff are aware of this. Lynn to ensure staff are informed.</p>	31/8/04
<p>2. Hazard Group 2 / Containment Level 2</p> <p>☹ Human tissue is used and EBL Group is registered for retrovirus work. CL2 work is done in 4.17. 4.01 is for CL1 work only. Lynn to inform H&SWG immediately if 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. H&SWG to check with Safety Services as to whether this is acceptable.</p>	31/8/04
<p>5. Negative Pressure</p> <p>☹ In 4.17, suite is positive to anteroom which is neutral to corridor. H&SWG to check with Safety Services as to whether this is acceptable.</p>	31/8/04
<p>6. Emergencies</p> <p>☺ Fire and First Aid provisions adequate.</p> <p>☹ Lynn to ensure there is an eye wash facility nearby.</p> <p>☹ Lynn to check that all phones in the vicinity bear the emergency number sticker.</p> <p>☹ Lynn 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"> ☹ 4.17 could do with a general clean and tidy – Lynn to arrange. 4.01 OK. ☹ Do above floor cleaners operate in these suites? If not, who does cleaning? Lynn to inform H&SWG. ☹ Only sink available in 4.17 is also used for labware and radioactive waste. This is not acceptable. H&SWG/Lynn to investigate alternatives. Elbow operated taps are at wrong angle. H&SWG to consult E&B. 	<p>31/8/04 31/8/04 30/9/04</p>
<p>8. Work space/surfaces</p> <ul style="list-style-type: none"> ☹ Shortage of space but no simple solution. ☺ Work surfaces in reasonable condition. 	
<p>9. Slip/trip/height hazards</p> <ul style="list-style-type: none"> ☹ No trailing cables. In 4.17, bins in walkway could pose a trip hazard. However, due to lack of space, there is nowhere to safely stow bins. ☹ Pipette cans are stored at height in 4.17. Ideally, they should be stored on a lower shelf. Lynn to consider. ☺ Several items stored at height in 4.01. No stepladder, but kick-stool is available. ☹ Lynn to ensure that least used items are stored at height and that they are safely stowed. 	<p>31/8/04 As of now</p>
<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. Only one person in 4.17 at time of inspection – not wearing labcoat. No one to observe in 4.01. ☹ Disposable gloves available. Only one person in 4.17 at time of inspection – not wearing gloves. No one to observe in 4.01. ☹ These issues are universal and need to be addressed at H&S Management Committee level. H&SWG to raise at next meeting. 	<p>30/9/04</p>
<p>13. Disinfection</p> <ul style="list-style-type: none"> ☺ 70% EtOH and Virkon both readily available. ☺ 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. 	<p>30/9/04</p>
<p>14. Waste Disposal</p> <ul style="list-style-type: none"> ☹ Sharps – one sharpsafe overfilled. Lynn to remind staff not to overfill sharpsafes. 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 only trace liquid waste. No absorbent granules in bins in 4.17. IB to investigate. ☺ Aspirators – in good condition and filters in place. ☹ Other liquid waste – no evidence of. ☹ Pipettes – bins in good condition and only trace liquid waste in bin. However, one bin in 4.17 contained tubes, spreaders gloves and tape. Lynn to remind staff that pipette bins are for pipettes only. No inner basket in one elephants-foot in 4.01. Lynn to investigate. ☹ 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 	<p>ASAP 30/9/04 30/6/04 ASAP 31/8/04 In progress</p>

<p>H&SWG.</p> <ul style="list-style-type: none"> ☺ 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 retrovirus work is in progress, as per the local rules. Lynn to ensure staff understand this. 		<p>In progress</p> <p>ASAP</p>
<p>15. Radioactive work/waste</p> <ul style="list-style-type: none"> ☺ Radioactive work undertaken in ducted hood in 4.17. ☺ Trefoil signs posted. ☺ Sign on sink is peeling off. Lynn to replace. ☺ No monitoring logs in suite. Lynn to confirm that contamination monitoring logs are kept for TC (hood incubator & sink). ☺ SOP for working 35S is in place. 		<p>31/8/04</p> <p>31/8/04</p>
<p>16. Equipment</p> <ul style="list-style-type: none"> ☺ Lynn to ensure this year's test reports (once issued) are clearly displayed on all TC cabinets. ☺ Only ducted cabinet in 4.17 is fumigated prior to servicing. Other cabinets are used only for CL1 work. Lynn to inform H&SWG if status changes. ☺ Users perform visual checks and report defects to lab manager. ☺ Other equipment generally in good condition. ☺ Wash-Up staff clean incubators. Lab managers clean MSCs at servicing time. No SOPs at present. H&SWG to draft. ☺ PAT test stickers show retest dates in 2003. H&SWG to inform Safety Services. 		<p>30/6/04</p> <p>As & when</p> <p>30/9/04</p> <p>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>30/9/04</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>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. Lynn to ensure Safety Clearance certificate is used for all equipment. ☺ Labcoats are available for visitors and E&B. ☺ Visitors are escorted. 		<p>As of now</p>
<p>20. Other Comments</p> <ul style="list-style-type: none"> ☺ Chairs do not have wheels, just fixed "feet". Not ideal, but due to EBL's move to Singapore in the near future, no point in replacing. ☺ The CO2 cylinders supplying the incubators are kept in the west end stairwell. H&SWG to make sure these are included in any future regulator testing program. 		<p>As & when</p>
SIGNATURES & DATE OF NEXT INSPECTION		
Signature of Inspector(s):		
Date of Next Inspection:		