

INTRODUCTION	
Date of Inspection:	26 th February 2004
Area Inspected:	WTB Floor 2 Tissue Culture (TC) Facilities
Facility Users:	CW, SJP, DGH, PRC and DAC groups (and now also TG)
Lab Manager:	Wendy James
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> <ul style="list-style-type: none"> ☺ Simon Powis. Staff generally aware of this. ☹ Simon’s willingness to continue as BSO for this Division must be confirmed. LG to discuss with Ian Scragg. 	31/8/04
<p>2. Hazard Group 2 / Containment Level 2</p> <ul style="list-style-type: none"> ☺ CL2 applies. Human blood, adeno/retroviral vectors, EBV immortalised cell lines all in use. ☹ LG to find out what MMULV is being used for and if it is covered in a GM assessment. 	31/8/04
<p>3. Signage</p> <ul style="list-style-type: none"> ☺ Biohazard and “No entry to cleaners” signs posted as required. 	
<p>4. Restricted Access</p> <ul style="list-style-type: none"> ☺ Yes, by digital lock. 	
<p>5. Negative Pressure</p> <ul style="list-style-type: none"> ☺ Anteroom negative to corridor and suites negative to anteroom. 	
<p>6. Emergencies</p> <ul style="list-style-type: none"> ☺ Fire and First Aid provisions adequate. ☺ Eye wash rinsed weekly – good! ☹ Phone in DAC suite requires emergency number sticker. Wendy to supply. ☹ Wendy to confirm if gas or other burners are in use. ☹ No flammable warnings on 70% EtOH bottles. H&SWG to supply. ☹ No dedicated spill kit but virkon and blue roll available. Spill procedure posted in 	<p>31/8/04</p> <p>31/8/04</p> <p>31/8/04</p>

suite. H&SWG to review spill procedure and consider need for dedicated spill kit.	30/9/04
7. General cleanliness/tidiness & hygiene <ul style="list-style-type: none"> ☹ Anteroom reasonably tidy but cluttered due to lack of space. ☹ Some work surfaces are rather dusty and grimy, especially in CW suite. ☹ CW suite particularly untidy. Wendy to arrange cleaning/tidying. ☹ Above floor cleaners are under constant supervision. Cleaner's activities must be risk assessed. H&SWG to produce generic assessment. Once risk assessment is in place constant supervision will no longer be required. ☹ Hand-washing sink in acceptable condition but taps do not lend themselves to elbow operation. H&SWG to consult E&B. 	 31/8/04 30/9/04 30/9/04
8. Work space/surfaces <ul style="list-style-type: none"> ☹ Inadequate space in anteroom due to room being too small for purpose. No simple solution. ☹ Space very tight in CW suite. Very cluttered. Simple solution, just keep clean & tidy. ☹ Work surfaces in suites not damaged but some are dusty/grimy (see above). 	
9. Slip/trip/height hazards <ul style="list-style-type: none"> ☹ Some items are stored at height. ☹ Wendy to ensure that least used items are stored at height and that they are safely stowed. ☹ Wendy to ensure kick-step or step ladder is to hand for those who cannot reach higher shelves. ☹ No trailing cables. 	 As of now As of now
10. Storage of chemicals/consumables <ul style="list-style-type: none"> ☹ Acceptable. See above for consumables stored at height. ☹ Some fridges and freezers very full but reasonably tidy and labelling adequate. 	
11. Local rules <ul style="list-style-type: none"> ☹ On display in anteroom. 	
12. PPE <ul style="list-style-type: none"> ☹ Blue labcoats available, and in pristine condition, but not worn by staff at time of inspection. ☹ Disposable gloves available in all areas. ☹ Gloves being worn by some staff but not removed before exiting the suite. Also witnessed personnel entering the suite with gloves on. ☹ 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
13. Disinfection <ul style="list-style-type: none"> ☹ 70% EtOH and 1% 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. 	 30/9/04
14. Waste Disposal <ul style="list-style-type: none"> ☹ Sharps – Only one “porcupine”. Wendy to remind staff not to overfill sharpsafes. Glass pasteurs still in use. H&SWG to issue reminder on benefits and availability of plastic pasteurs. ☹ Solid waste - Blue pipette tips found in solid waste bin in PRC suite along with two uncapped 50ml tubes containing ~15ml liquid. Wendy to remind workers (1) that, in TC, pipette tips must be disposed of as sharps and (2) not to dispose of significant volumes of liquid waste in the solid waste bins. No problems in other suites. 	 ASAP 30/9/04 ASAP

<ul style="list-style-type: none"> ☹ Aspirators – In PRC suite there were no filters between aspirator flasks and vacuum pumps. Wendy to arrange for 0.22um filters to be fitted. No problems in other suites. No aspirators more than ¾ full. ☹ Other liquid waste – Wendy to remind workers not to fill waste bottles more than ¾ full and to label them as waste. ☹ Pipettes – No large glass pipettes used. Plastic pipettes disposed of correctly apart from those used for human blood. PRC and CW groups insist on soaking in Virkon before disposal in pipette bin. Pipettes only partially submerged in CW suite and barely submerged in PRC suite. Some pipettes in PRC suite were still clogged with blood and Virkon had been sitting for so long it had lost its pink colour. This is not acceptable. Overnight soaking is recommended; any longer is unnecessary. H&SWG to revise procedure (see point below) and issue to relevant groups. ☹ 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 – Available. 	<p>31/8/04</p> <p>31/8/04</p> <p>30/9/04</p> <p>30/9/04</p> <p>30/9/04</p>
<p>15. Radioactive work/waste</p> <ul style="list-style-type: none"> ☹ Only evidence of radioactive work in CW suite. ☹ Trefoils posted on relevant incubator and hood. ☹ Low Level sign posted on suite door. ☹ SOP on display. ☹ Monitoring logs kept up-to-date. 	
<p>16. Equipment</p> <ul style="list-style-type: none"> ☹ All MSCs bear current test report. ☹ All MSCs are fumigated prior to servicing/repair. ☹ Users perform visual checks and report defects to lab manager. ☹ Rotor chamber of CW benchtop centrifuge corroded. Wendy to remind users to clean up spills/leaks immediately and to monitor situation. ☹ PRC centrifuge dirty and grille blocked. Wendy to arrange for cleaning. ☹ Hairdryer found in DGH suite. Casing damaged and held together with sticky tape. Old style plug attached. Last PAT tested in 1997. Removed from use immediately. Wendy to ensure it is disposed of. ☹ Other equipment generally in good condition. ☹ PAT test stickers show retest date of 2001/2002. Many labels unreadable. Nothing in DAC suite has been PAT tested. H&SWG to inform Safety Services. ☹ Wash-Up staff clean incubators. Lab managers clean MSCs at servicing time. No SOPs at present. H&SWG to draft. 	<p>31/8/03</p> <p>31/8/04</p> <p>ASAP</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. Wendy to ensure Safety Clearance certificate is used for all equipment. ☹ Labcoats are available for visitors and E&B. 	<p>As of now</p>

☺ Visitors are escorted.		
20. Other Comments		
☺ Wendy to move old incubator stand in DGH suite away from doorway.		31/8/04
☺ Chairs in good condition.		
☺ Small gas cylinder in CW suite in proper stand and SOP attached but regulator is old and not in good condition. Wendy to arrange for regulator to be replaced. H&SWG to make sure this is included in any future regulator testing program.		30/9/04 As & when
☺ Shelves in PRC lab should be tidied. Wendy to arrange.		31/8/04
☺ Large, yellow bin in PRC suite does not have a yellow bag liner. Bin contained large and small glass items, metal containers, plastic media bottles and pipette tips. Wendy to arrange for bin to be exchanged with lined bin and to remind PRC group what yellow bin is for.		ASAP
☺ Tourniquet, plasters and micropore tape found in PRC suite. Why is this here when no phlebotomy is supposed to be carried out in TC? H&SWG to ask Paul Crocker.		ASAP
SIGNATURES & DATE OF NEXT INSPECTION		
Signature of Inspector(s):		
Date of Next Inspection:		