

INTRODUCTION	
Date of Inspection:	26 th February 2004
Area Inspected:	WTB Floor 3 Tissue Culture (TC) Facility, Room 3L5-44
Facility Users:	ISN group
Lab Manager:	Letty Gibson
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. Staff made aware via sign on Safety notice board.</p>	
<p>2. Hazard Group 2 / Containment Level 2</p> <p>☺ ISN lab is registered for Class 1 adenovirus and retrovirus work that, according to SLS policy, must be carried out at CL2. Currently, all other activities are CL1. Letty 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>☺ Yes, by digital lock to anteroom.</p>	
<p>5. Negative Pressure</p> <p>☺ Anteroom negative to corridor and suite negative to anteroom.</p>	
<p>6. Emergencies</p> <p>☺ Fire and First Aid provisions adequate.</p> <p>☺ Letty to ensure eye wash rinsed weekly.</p> <p>☺ Letty to check that all phones bear the emergency number sticker.</p> <p>☺ Letty 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>As of now</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> <p>☺ Suite is tidy.</p>	

<ul style="list-style-type: none"> ☺ Some work surfaces/shelves are rather grimy. Letty to arrange cleaning. ☺ 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. 	<p>31/8/04</p> <p>30/9/04</p> <p>30/9/04</p>
<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"> ☺ CL1 rules on display but CL2 rules behind sink taps. CL2 applies to some ISN activities (see section 2), therefore, should be on display. Letty to post on suite door. 	ASAP
<p>12. PPE</p> <ul style="list-style-type: none"> ☺ Blue labcoats available and in pristine 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. ☺ 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. 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 – no evidence of. ☺ Pipettes – Some plastic pipettes in correct bin and some disinfecting. Not all pipettes were fully submerged. Some were in elephants foot and some in a measuring cylinder. Letty to ensure plastic pipettes are being disposed of correctly and let H&SWG know why some are being disinfected. ☺ 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>30/9/04</p> <p>ASAP</p> <p>In progress</p> <p>In progress</p>
<p>15. Radioactive work/waste</p> <ul style="list-style-type: none"> ☺ No evidence of radioactive work. Letty to inform H&SWG immediately if status changes. 	As & when
<p>16. Equipment</p> <ul style="list-style-type: none"> ☺ All MSCs bear current test reports. ☺ All hoods are fumigated prior to servicing/repair regardless of CL (BSO's decision). 	

<ul style="list-style-type: none"> ☺ Users perform visual checks and report defects to lab manager. ☹ Centrifuge canisters could do with a good clean. Letty to remind users to clean up spills/leaks immediately and to monitor situation. ☺ Other equipment generally in good condition. ☺ PAT stickers on most items of electrical equipment. ☹ 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;">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;">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 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. Letty 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. ☹ UV light installed in one hood. H&SWG unsure as to whether safety interlock system is in place to prevent UV remaining on when nightdoor is removed. Letty to clarify. 	<p style="text-align: right;">ASAP</p>
SIGNATURES & DATE OF NEXT INSPECTION	
Signature of Inspector(s):	
Date of Next Inspection:	