

INTRODUCTION			
Date of Inspection:	28 th June 2007		
Area Inspected:	WTB Floor 1 CL3 Facility, room 1L2-42		
Facility Users:	Biological Chemistry and Drug Discovery		
Lab Manager:	Shona McInroy	Biological Safety Adviser:	Susan Wyllie
Name of Inspector(s):	Ian Scragg, Lisa Grayson, Irene Blair		
Objective of Inspection:	To identify any instances of non-compliance with the relevant H&S policies and procedures.		
OBSERVATIONS & REMEDIAL ACTION REQUIRED			DUE DATE
<p>General Observations</p> <ul style="list-style-type: none"> All required signs and SOPs are in place and clearly displayed. Suites very well managed/organised and clean/tidy. BSA very knowledgeable about all work being undertaken. Waste containers used correctly. Only nitrile gloves available – no latex. All workers wear appropriate PPE. Thorough, recorded training for all facility users. Access to facility dependent upon completion of training. Comprehensive risk assessments and code of practice communicated to all workers. Disinfection method validated in house. First Aid kit and eye-wash available in suite. Storage at height unavoidable due to lack of storage space. Several instances of facility doors locking shut after fire alarm activations. Fault reported to ADT. Keys for emergency door release mechanisms are now available. Large quantity of liquid nitrogen stored in room 1L2-43. Oxygen depletion monitor is in place, SOP detailing how to respond to an alarm is displayed on room door and ventilation within the room is good. <p>Issues Requiring Action</p> <ul style="list-style-type: none"> Panels used to board up windows abutting onto JBC are neither impervious nor easy to clean. At CL3, this is only a strict requirement for bench and floor. However, it would be desirable to have the panels replaced with a more suitable material or at least properly affixed and painted. Lab Manager to issue an instruction to Estates & Buildings. LG to inform Terry Sweeney that this is a priority. Integrity of the room extract HEPA filters cannot be tested. This may be picked up on in the event of an HSE inspection. At the very least, the maintenance and replacement regime should be clearly documented and administered by a named individual. LG to check arrangements/documentation with Lab Manager. Leak tightness of facility for room fumigation not established. Ingress of dust suggests facility is not leak tight. Smoke testing the facility to identify leak points would be desirable. LG and Lab Manager to arrange at next opportunity. The cabinets in room 1L2-47 struggled to pass their KI tests during the Dec 06 and June 07 service visits. The engineer suspects air turbulence in the room to be the cause. No such problems were encountered prior to Dec 06. This suggests a change in the airflows within the room. Lab Manager to arrange for a rebalancing of the air flows. 			<p>End July 07</p> <p>ASAP</p> <p>Prior to next planned fumigation of suite.</p> <p>To coincide with Dec 07 service/KI</p>
SIGNATURES & DATE OF NEXT INSPECTION			
Signature of Inspector(s):			
Date of Next Inspection:			