## **Biological Safety Inspection Checklist**



Area inspected:	2L3-262, JBC Floor 2	
Date of Inspection:	5/8/2009	
nspection Team:	Lisa Grayson, lan Scragg, Nancy Kirk	
I. Facility		
a. Is the door to the	e facility appropriately labelled (i.e. biohazard & no access to cleaners)?	? Yes
b. Is access to the	facility restricted in any way?	Yes
c. What is the Haza	ard Group/Class of the work being done?	1 and 2
· ·	are MSCs and incubators used for HG/Class 2 work identified as such? d symbols on equipment used for human blood work.	Yes
I. Questions for per	rsonnel:	
a. Have you read a	any risk assessments relating to your work?	
Pls reminded of	f this requirement at Divisional meeting.	
b. Are you aware o	of the Safe Operating Procedures that apply to your work?	Yes
c. Who trained you <b>Experienced gr</b>	when you first started work with cell cultures/biological material?	
 2. PPE		
a. Are lab coats av	ailable?	Yes
b. If yes, are	they worn? Not by all end users but those who d	lo not are leaving soon.
c. Which type of dis	sposable gloves are available?	Nitrile
d. Are safety glasso	es readily available?	Yes
3. Housekeeping &	Hygiene	
a. Is the facility clear Very cluttered of members leave	due to nature of work but much of the equipment will be cleared or	ut when KB group
b. Is the wash-hand	d basin clean?	Yes

c. Are soap and paper towels available? Yes Yes d. Is an eye-wash readily accessible? e. Are reagents safely stored (check inside fridges)? Fridges are very dirty and in need of a clear out. 4. Equipment a. Are centrifuges clean and well maintained? OK. Rarely used. b. If required, are aerosol containment canisters available? Yes c. Are incubators clean and well maintained? Yes d. Are culture vessels clearly labelled? Yes e. Are microbiological safety cabinets clean and well maintained Yes, apart from under worktrays. f. Are they being used appropriately? Some cabinets have too many items piled up inside them. 5. Disinfection a. Is 70% ethanol in use? Yes b. Are the bottles properly labelled (i.e. 70% EtOH; Flammable)? Need to be relabelled c. Is 1% Virkon solution is use? Only when work with human material is in progress d. Are the bottles properly labelled (i.e. 1% Virkon made up on dd/mm/yy)? none in use at present e. Is the Virkon solution still pink? as above 6. Waste Is waste being disposed of/are waste receptacles being used appropriately? Yes a. Sharps b. Large plastic pipettes Yes c. Large glass pipettes N/A d. Solid autoclavable waste Yes e. Liquid waste Yes f. Agar plates N/A g. Blood/tissue None at present. Autoclavable bin is available. h. Is there a designated area for storing small items to be uplifted for autoclaving? Yes in main lab i. Are the items stored so as to prevent breakage/spillage (e.g. in a plastic tub)? Yes

7. Other	
a. Is a spill kit readily available?	Yes
b. Is the spill SOP on display?	Yes
8. Action and Additional Comments	
LG to send pdf of CL1 TC risk assessment. Lab Manager to circulate as appropriate.	
Fridges to be thoroughly cleared out and cleaned. [end users]	
Deep clean of suite required once KB group members clear out. [Lab Manager to organise]	
End users must remember to clean under the cabinet worktrays.	
Users would benefit from training on correct use of microbiological safety cabinets. Training program is currently being developed by CLS H&S and Safety Services.	<i>'</i>
Ensure 70% ethanol bottles are relabelled. [end users]	
When required, ensure Virkon solutions are labelled with date made or expiry date (7 days after date made).  Discard when pink colour fades or after 7 days, which ever is soonest. [end users]	
Chair seat covers are very worn. Chairs must be replaced. New chairs must have vinyl seat covers. [Lab Manager to discuss with LMG]	