Biological Safety Inspection Checklist

Area inspected:	Suite 2L3-42, WTB Floor 2	
Date of Inspection:	18/3/2009	
Inspection Team:	Ian Scragg, Lisa Grayson, Liz Emslie, Wendy James	
1. Facility		
a. Is the door to the	e facility appropriately labelled (i.e. biohazard & no access to cleaners)?	Yes
b. Is access to the	Yes	
c. What is the Haz	ard Group/Class of the work being done? <u>1 and 2</u>	
d. If mixed, a	are MSCs and incubators used for HG/CL 2 work identified as such?	Yes
1. Questions for per	rsonnel:	
a. Have you read a	ny risk assessments relating to your work?	50% answered Yes
b. Are you aware c	f the Safe Operating Procedures that apply to your work?	Staff were uncertain
-	when you first started work with cell cultures/biological material? experienced group member	
2. PPE		
a. Are lab coats av	ailable?	Yes
b. If yes, are	they worn?	Νο
c. Which type of di	sposable gloves are available? Latex & nitrile. Mostly nitrile.	
d. Are safety glass	es readily available?	Yes
3. Housekeeping &	Hygiene	
a. Is the facility clea	an and tidy?	Νο
b. Is the wash-han	d basin clean?	Yes

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c. Are soap and paper towels available?	Yes	
d. Is an eye-wash readily accessible?	Yes. Outside suite.	
e. Are reagents safely stored (check inside fridges)?	Very cluttered.	
4. Equipment		
a. Are centrifuges clean and well maintained?	Not all. Some require cleaning.	
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	
f. Are they being used appropriately? Generally, yes, but a couple contained a lot of equip/consur		

5. Disinfection	
a. Is 70% ethanol in use?	Yes
b. Are the bottles properly labelled (i.e. 70% EtOH; Flammable)?	Yes
c. Is 1% Virkon solution is use?	Yes
d. Are the bottles properly labelled (i.e. 1% Virkon made up on dd/mm/yy)?	Yes
e. Is the Virkon solution still pink?	Had gone clear in two bottles.

6. Waste

Is waste being disposed of/are waste receptacles being used appropriately?

a. Sharps	Yes
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	Yes
h. Is there a designated area for storing small items to be uplifted for autoclaving?	Yes
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?

b. Is the spill SOP on display?

8. Action and Additional Comments

Some chair coverings are very badly worn, exposing the foam padding. This is not acceptable in a CL 2 facility. Damaged chairs must be replaced with intact vinyl covered chairs. **[ASAP; Lab Manager]**

Ideally, all chairs should be vinyl covered to allow easy cleaning/decontamination. The possibility of a replacement program will be discussed with the Research Services Manager. [within one month; LG]

An unsecured CO2 cylinder was found in one room. A proper stand or clamp must be fitted. [ASAP; Lab Manager/Group responsible]

It is not obvious as to whether gas cylinder regulators are routinely inspected. Lab Manager to read the current guidance at https://secure.dundee.ac.uk/lifesciences/intranet/slsonly/safety/gas_safety/gas_home.htm#reg and discuss with the H&S Information Officer. [within one month]

Group Leaders must ensure their staff are familiar with the risk assessments and SOPs relating to their work. Group Leaders to be reminded of this as part of the GM risk assessment annual review process. [within one month; LG]

None of the workers observed during the inspection were wearing lab coats. Labs coats must be worn when working in a CL2 facility. Staff must be reminded of this. **[ASAP; Lab Manager]**

Latex gloves should only be worn if risk assessment has shown that they are more appropriate than the alternatives. If the TC workers have no preference, use of latex gloves should be discontinued. If latex gloves are preferred by some workers the reasons need to be documented. **[within one month; LG/Lab Manager/TC workers]**

Staff to be reminded that Virkon solutions must be renewed after one week or when the pink colour begins to fade, which ever occurs first, and that spent solutions should be discarded immediately. **[within one month; Lab Manager]**

The roller bottle apparatus in the warm room needs to be cleaned. [as time permits; Group responsible]

Updated signs required for incubator and cabinet in CW area. [within one month; LG]

IGS and LG were particularly concerned about the overcrowding in the CW area. Five cabinets and eight incubators are squeezed into a room that is obviously too small to comfortably accommodate the equipment and workers. This has lead to excessive heat build up which necessitates the use of a larger air conditioning unit. Unfortunately, the air con unit is compromising the performance of two cabinets, causing them to fail their KI test and give rise to concerns about sterility and operator protection. (Note: work with potentially infectious material in these two cabinets is currently prohibited.) The positioning of the cabinets may also be detrimental to their performance. They are too close together and, in most cases, there is insufficient space between the cabinet and the island bench in the centre of the room. In the long term, the ideal solution would be to create an additional TC facility for this group. (Note: this is currently being done on WTB Floor 1 for the users of the CL 3 suite.) In the short term, reorganising the suite to achieve a better layout is advisable. These are issues that the Group Leader will need to take the lead on.

There is a serious lack of storage space in all areas. Finding space for storing stocks of consumables outwith the TC suites would be beneficial. Most areas* also require a deep clean and thorough tidy. [as time permits; Lab Manager/Group members]

*It was noted that the area used by the VHC group was considerably cleaner and tidier than the other areas.

Yes

Yes. Main lab.