College of Life Sciences University of Dundee

DRAFT

# **Biological Safety Inspection Checklist**

Area inspected:	WTB Floor 3 TC Suite	
Date of Inspection:	29/4/2009	
Inspection Team:	H&SWG, Inke Nathke, Marianne Reilly	
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	facility restricted in any way?	Yes
c. What is the Haza	ard Group/Class of the work being done? Should all be HG/Class 1	. LG and MR to check.
d. If mixed, a	are MSCs and incubators used for HG/CL 2 work identified as such?	N/A
1. Questions for per	rsonnel:	
a. <mark>Have you read a</mark>	iny risk assessments relating to your work?	Yes, in previous lab
b. Are you aware o	f the Safe Operating Procedures that apply to your work?	Yes
c. Who trained you	when you first started work with cell cultures/biological material?	PI
2. PPE		
a. Are lab coats av	ailable?	Yes
b. <mark>If yes, are</mark>	they worn?	No
c. Which type of di	sposable gloves are available?	Nitrile
d. Are safety glass	es readily available?	Yes
3. Housekeeping &	Hygiene	
a. Is the facility clea	an and tidy?	Reasonably
b. Is the wash-han	d basin clean?	Yes
c. Are soap and pa	per towels available?	Yes

d. Is an eye-wash readily accessible?	Yes, in main lab.
e. Are reagents safely stored (check inside fridges)?	Yes
4. Equipment	
a. Are centrifuges clean and well maintained?	Yes
b. If required, are aerosol containment canisters available?	N/A
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?	Yes

# 5. Disinfection

a. Is 70% ethanol in use?	Yes
b. Are the bottles properly labelled (i.e. 70% EtOH; Flammable)?	Not all
c. Is 1% Virkon solution is use?	No
d. Are the bottles properly labelled (i.e. 1% Virkon made up on dd/mm/yy)?	N/A
e. Is the Virkon solution still pink?	N/A

#### 6. Waste

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

a. Sharps	No; overfilled
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	N/A
Is there a designated area for storing small items to be uplifted for autoclaving?	Not required
i. Are the items stored so as to prevent breakage/spillage (e.g. in a plastic tub)?	N/A

## 7. Other

a. Is a spill kit readily available?

Yes, in main lab

Yes but new and old versions.

#### b. Is the spill SOP on display?

### 8. Action and Additional Comments

Old versions of SOPs must be removed. [ASAP; Lab Manager]

All 70% ethanol bottles should be labelled as such. [ASAP; EtOH users]

TC users must be reminded not to overfill sharp-safes. [ASAP; Lab Manager]

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; PIs]** 

Check GM Database to confirm that there are no Class 2 projects in progress. [ASAP; LG]

MR commented that it would be useful for her and perhaps other Lab Managers to get some formal TC Training. A training package is being developed by CLS and Safety Services at the moment but may take a couple of months to complete.

ISN stressed the importance of giving feedback at Divisional meetings.