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| Department/ Room No.: | Inspector: |
| Faculty / Institute / Centre: | Date: |
| Principal Investigator: | Time: |

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| **Check () in the appropriate box that best describes the laboratory (BSL 1 and BSL 2). Items highlighted in BLUE are specific for BSL2** |

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| **A.** | **Laboratory Facilities** | ***Yes*** | ***No*** | ***N/A*** | ***Details/Comment*** |
| 1 | Is a universal biohazard symbol for BSL2 posted at the entrance of the laboratory? |  |  |  |  |
| 2 | Do the sign include name, and phone number of the laboratory supervisor or other responsible personnel? |  |  |  |  |
| 3 | Is access to the laboratory restricted to authorised personnel only? |  |  |  |  |
| 4 | Are the doors self-closing and lockable? |  |  |  |  |
| 5 | The design of the facility should be such that laboratory activities are separated from common areas. (Examples offices and pantry) |  |  |  |  |
| 6 | Is there a sink for hand washing in the laboratory? |  |  |  |  |
| 7 | Is a dedicated hand basin of the hands-free operation type provided within each laboratory? |  |  |  |  |
| 8 | Is furniture in the laboratory capable of supporting anticipated loads and uses? |  |  |  |  |
| 9 | Are spaces between benches, cabinets and equipment accessible for cleaning? |  |  |  |  |
| 10 | Are bench tops impervious to water and resistant to heat, organic solvents, acids, alkalis, and other chemicals? |  |  |  |  |
| 11 | Is furniture including bench tops covered with a non-porous material that can be easily cleaned? |  |  |  |  |
| 12 | If windows are present, are they closed at all times? |  |  |  |  |
| 13 | Are laboratory windows that are open to the exterior fitted with screens? |  |  |  |  |
| 14 | Is an autoclave for pre-treatment of laboratory wastes is available in the contained facility? |  |  |  |  |
| 15 | Is an eyewash fountain available in the laboratory? |  |  |  |  |
| 16 | Is an effective integrated pest management programme in place and managed appropriately? |  |  |  |  |
| 17 | Are laboratory floors smooth, easy to clean and resistant to chemicals? |  |  |  |  |
| 18 | Does the ventilation in the laboratory have directional air flow into the laboratory areas? |  |  |  |  |
| 19 | Is there good housekeeping in the laboratory? |  |  |  |  |
| **B.** | **Safety Equipment** | ***Yes*** | ***No*** | ***N/A*** | ***Details/Comment*** |
| 20 | Is there first aid kit available? |  |  |  |  |
| 21 | Is there a fume hood for working with hazardous chemicals? |  |  |  |  |
| 22 | Is there a Class II biological safety cabinet in the laboratory, and is certified annually? |  |  |  |  |
| 23 | Is the BSC suitably located, away from door and air vent? |  |  |  |  |
| 24 | Are the equipment regularly maintained? |  |  |  |  |
| 25 | When lab personnel use vacuum lines with bio hazardous materials, are they protected with High Efficiency Particulate Air (HEPA) filters? |  |  |  |  |
| 26 | Is there any storage equipment to keep biological materials? (e.g. refrigerator) |  |  |  |  |
| 27 | Is equipment for use or storage of biohazardous materials (i.e. refrigerator, freezers) labelled with a biohazard symbol? |  |  |  |  |
| 28 | Is GM/LMOs are kept separately from non-GM materials ? |  |  |  |  |
| **C.** | **PPE (Personal Protective Equipments)** | ***Yes*** | ***No*** | ***N/A*** | ***Details/Comment*** |
| 29 | Are suitable PPE available relevant to the hazard on the laboratory and used by laboratory personnel? |  |  |  |  |
| 30 | Are respiratory masks available for aerosol generating infectious work? |  |  |  |  |
| 31 | Are covered shoes/foot cover used in the lab? |  |  |  |  |
| **D.** | **Work Practices** | ***Yes*** | ***No*** | ***N/A*** | ***Details/Comment*** |
| 32 | Is there any biohazardous materials handled in the laboratory? |  |  |  |  |
| 33 | Do personnel wash their hands before leaving the lab? |  |  |  |  |
| 34 | Are mechanical pipetting devices used? |  |  |  |  |
| 35 | Is there a signage available for prohibiting from eating, drinking, smoking, handling contact lenses, cosmetics, and storing food in the lab? |  |  |  |  |
|  | **Check ( ) in the appropriate box** | ***Yes*** | ***No*** | ***N/A*** | ***Details/Comment*** |
| 36 | Are work surfaces decontaminated with an effective disinfectant on completion of work especially after spills or splashes of biohazardous materials? |  |  |  |  |
| 37 | Is a sharp bin available for disposal of and all syringes/ needles/sharps? |  |  |  |  |
| 38 | Are needle-locking syringes or safety hypodermic needles used when appropriate? |  |  |  |  |
| 39 | Are re-usable sharps properly cleaned and disinfected? |  |  |  |  |
| 40 | Is there a biological spill kit available? |  |  |  |  |
| 41 | Are all wastes that are contaminated with bio hazardous materials autoclaved or decontaminated? |  |  |  |  |
| 42 | Have all personnel been provided information about hazards and risk about their work activity? |  |  |  |  |
| 43 | Are laboratory waste segregated into dedicated waste bins and labelled properly? |  |  |  |  |
| 44 | Are suitable chemical disinfectant used for inactivating liquid waste? |  |  |  |  |
| 45 | Is a medical surveillance program in place for the laboratory personnel? (Example Hep B vaccination) |  |  |  |  |
| 46 | Is there a Laboratory Biosafety Guidelines or Biosafety Manual in the laboratory? |  |  |  |  |
| 47 | Are the lab specific Biosafety procedures incorporated into the Laboratory Biosafety Guidelines or Biosafety Manual? |  |  |  |  |
| 48 | Are biohazardous materials transported in covered containers to prevent leakage? |  |  |  |  |
| 49 | Is there any incident/accident/laboratory exposure reporting system in place? |  |  |  |  |
| 50 | Is there an Emergency Response Plan in place? |  |  |  |  |
| 51 | Is medical follow-up obtained if appropriate? |  |  |  |  |
| 52 | Are animals and plants not associated with the work prohibited from the laboratory? |  |  |  |  |
| 53 | Are any experiments involving animals and plants carried out in the laboratory? |  |  |  |  |

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| **E.** | **Records and Documents For :** | ***Yes*** | ***No*** | ***N/A*** | ***Details/Comment*** |
| 54 | Procurement and transfers of biological agents/LMO |  |  |  |  |
| 55 | Biological material /LMO inventory |  |  |  |  |
| 56 | SOPs for contained use activity |  |  |  |  |
| 57 | Staff training and competency |  |  |  |  |
| 58 | Equipment maintenance |  |  |  |  |
| 59 | Decontamination and validation |  |  |  |  |
| 60 | Incident/accident/laboratory exposure |  |  |  |  |

*Note: N/A- Not Applicable*

**Other Comments (use extra paper if required)**

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Signature and stamp of Inspector | : |  | Date | : |  | |  |  |  |  |  |  | | Signature and stamp of Principal Investigator | : |  | Date: | : |  | | |  | |  |  |  |  | | |
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