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| C:\Users\100767896\AppData\Local\Microsoft\Windows\INetCache\Content.Word\ontariotechuniversity_symbol_cmyk_300ppi.jpg | | | **BIOLOGICAL SAFETY INSPECTION CHECKLIST** | | | | | | |
| **Section A: Contact Information (Permit Holder)** | | | | | | |
| Permit Holder: | | | Contact Person: | | Contact Extension #: | |
| Department: | | | Location(s) of Inspection: | | Date/Time: | |
| **Section B: Containment Entry/Exit** | | | | **Canadian Biosafety Standards Reference / Containment Level 1 Guideline (bold):** | | | | | |
| Y I N | **1** | A. Lab separated from public and admin areas by door? B. Lab Entrance Door Lockable? | | | | | | | **3.1.1** / 3.3.1 |
| Y I N | **2** | Containment zone doors kept closed? | | | | | | | **4.5.1** |
| Y I N | **3** | A. Door Placard with biohazard symbol on Door? B. Signs are consistent with the hazards within? C. Name and telephone of contact person stated? D. Entry requirements stated? | | | | | | | 3.3.2 / 4.5.8 |
| Y I N | **4** | Storage space provided for Personal Protective Equipment (PPE) at the containment zone point(s) of entry? | | | | | | | **3.3.9** |
| Y I N | **5** | Access is limited to authorized personnel and authorized visitors? (ie log-in sheet) | | | | | | | **4.5.2** |
| Y I N | **6** | Current Approved University Biohazard permit is posted in the laboratory? | | | | | | | **4.1.2** |
| **Section C: Lab Design and Work Practices** | | | | | | | | |  |
| Y I N | **7** | A. Windows do not open? B. If openable: includes locks and pest control? C.Sealed shut? | | | | | | | **3.2.1** |
| Y I N | **8** | Doors, frames, casework, bench-tops, stools, and chairs non-absorbent? (Wood surfaces sealed?) | | | | | | | **3.4.1** |
| Y I N | **9** | A. The wear and tear of surfaces and interior coatings is acceptable? B. Any significant scratch, stain, moisture, chemicals, heat, decontamination, high pressure washing, damage? | | | | | | | **3.4.1** |
| Y I N | **10** | Benchtops and other work surfaces do not have open seams, to allow cleaning and decontamination | | | | | | | **3.4.2** |
| Y I N | **11** | Backsplashes that are installed tight to a wall are sealed at the wall-bench junction, to allow cleaning and decontamination. | | | | | | | **2.1.7** |
| Y I N | **12** | Dedicated paper/computer work stations segregated from laboratory and biological work stations within the containment zone? | | | | | | | **3.1.2** / 4.6.8 |
| Y I N | **13** | A. Handwashing sinks near exit with soap available? B. If not, hand sanitizers? C. Authorized personnel remove gloves and wash hands when exiting containment zone or after handling infectious material? | | | | | | | **3.6.4 / 4.5.15** |
| Y I N | **14** | A. Floors slip-resistant in accordance with function? B. Tiles are not broken or no cracked seams present? | | | | | | | **3.4.5** |
| Y I N | **15** | A. Biohazardous material is clearly identified and labeled where stored (e.g. freezers, incubators)?  B. Appropriate warning & hazard signs are posted? | | | | | | | 4.8.8 |
| Y I N | **16** | A. Biological materials stored outside the containment zone are kept in labeled locked storage equipment? B. Leak proof containers needed? | | | | | | | 4.6.20 |
| Y I N | **17** | A. Containment zone (including floors) is kept clean and tidy? (Free from obstructions, and free from materials that are in excess, not required, or that cannot be easily decontaminated) B. Aisles and exits are free from obstruction, no tripping or slippery hazard present? | | | | | | | **4.6.35** |
| Y I N | **18** | Two-way communication system(s) provided allows communication between inside the containment barrier to outside the containment zone? | | | | | | | 3.7.18 |
| Y I N | **19** | **BSC:** Biosafety Cabinet located away from high traffic areas, doors, and air supply/exhaust diffusers? | | | | | | | 3.7.6 |
| Y I N | **20** | **BSC:** Authorized personnel trained in BSC correct use and have a good understanding of the different types of usage. | | | | | | | 4.10.1 |
| Y I N | **21** | **BSC:** A. BSC certified? B. Biological Safety Cabinets are certified annually, after repair or relocation? (certification posted) | | | | | | | 4.6.15 / 5.1.5 |
|  | **22** | **BSC:** Centrifuged biological samples open immediately inside a BSC? | | | | | | | 4.6.28 |
| Y I N | **23** | **BSC:** A. Sustained open flames prohibited in a BSC; on-demand open flames avoided? Open flames to be avoided when using the BSC. | | | | | | | 4.6.30 |
| Y I N | **24** | **BSC:** A. Vacuum systems, when provided, equipped with a device to prevent internal contamination? B. Filters are inspected regularly and changed when needed? | | | | | | | 3.7.17 / 5.1.3 |
| Y I N | **25** | **BSC:** A. UV light is turned off when BSC is in use? B. Replaced when needed? | | | | | | | 3.7.14 |
| Y I N | **26** | **BSC:** Proper BSC procedures are performed when in use? | | | | | | | 4.6.26 |
| Y I N | **27** | **BSC:** BSC benches are not cluttered and airflow is unrestricted? | | | | | | | 4.6.18 |
| Y I N | **28** | **BSC:** Leak-proof waste containers available near or inside BSCs? | | | | | | | 4.8.8 |
| Y I N | **29** | **BSC:** Work surfaces are decontaminated after use? | | | | | | | 4.8.2 / 4.6.11 |
| **30 Section D: Good Microbiological Laboratory Practices** | | | | | | | | | **4.6.18** |
| Y N | Long hair tied back, restrained, or covered? (**4.6.2**) | | | | Y N | | No contact lens solution or case? (**4.6.18**) | | |
| Y N | No Jewellery? (**4.6.4**) | | | | Y N | | No evidence of food or drinks? (**4.6.1**) | | |
| Y N | Hand washing observed? (**4.5.15**) | | | | Y N | | No cosmetic makeup? (**4.6.18**) | | |
| Y N | First Aid kit available with waterproof dressing to cover wounds, cuts, scratches? (**4.6.6**) | | | | | | | | |
| **Section E: Personal Protective Equipment** | | | | | | | | |  |
| Y I N | **31** | A. Appropriate dedicated PPE donned in accordance with policy, and to be exclusively worn and stored in the containment zone? B. lab coats? C. eye/face protection used? | | | | | | | **4.4.1** |
| Y I N | **32** | Personal clothing physically stored separately from dedicated PPE? | | | | | | | **4.5.10** |
| Y I N | **33** | Personal belongings kept separate from areas where biological material or chemicals are handled or stored? | | | | | | | **4.5.11** |
| Y I N | **34** | Gloves are worn by authorized personnel when handling biohazardous materials or infected animals? | | | | | | | **4.4.4** |
| Y I N | **35** | Face/eye protection used where there is a risk if exposure to splashes or flying objects? | | | | | | | **4.4.2** |
| Y I N | **36** | Personnel (including visitors, trainees and all others) are wearing protective footwear (Closed-toed and closed-heel with no or low heels) when working in the containment zone? | | | | | | | **4.6.3** |
| Y I N | **37** | PPE decontaminated prior to disposal or laundering when a known or suspected exposure has occured? | | | | | | | **4.8.5** |
| Y I N | **38** | **LEVEL 2:** Respirators are provided when necessary, and selected on the basis of hazard present (users are trained and fit tested)? | | | | | | | 4.1.13 |
| **Section F: Decontamination and Waste Disposal** | | | | | | | | |  |
| Y I N | **39** | A. Sufficient disinfectants effective against infectious materials in use are available at all times within the laboratory? B. What disinfectants are used and where are they located? | | | | | | | **4.8.2 / 4.6.11** |
| Y I N | **40** | Gross contamination removed from surfaces and equipment, including prior to maintenance or disposal? | | | | | | | **4.8.1 / 4.8.4** |
| Y I N | **41** | A. Syringes and sharps use is limited? B. If used, are disposed in labeled sharps container? C. Recapping, bending or removal of needle from the syringe avoided if possible? | | | | | | | **4.6.10 / 4.8.3** |
| Y I N | **42** | Biohazard waste stored in labeled leak-proof waste containers until decontaminated? | | | | | | | **4.8.8** |
| Y I N | **43** | All contaminated materials are decontaminated before disposal? | | | | | | | **4.8.7 / 4.8.8** |
| Y I N | **44** | A. Autoclave used? B. Biohazard autoclave bags are available? C. All solid biological waste is placed in biohazard autoclave bags and autoclaved? D. If not, biological waste is placed in proper containers until picked-up by the waste contractor? | | | | | | | **3.7.15 / 4.8.8** |
| **Section G: Emergencies** | | | | | | | | |  |
| Y I N | **45** | A. Emergency eyewash and shower equipment available in proximity of laboratory? B. Checked weekly? C. Authorized personnel know closest location? | | | | | | | **3.6.6** |
| Y I N | **46** | An Emergency Plan is available to all laboratory personnel? Includes emergency numbers, MSDS information, and emergency protocols? | | | | | | | **4.9.1** |
| Y I N | **47** | Emergency procedures for spill cleanup, BSC failure, fire, and other emergencies are available and easily accessible? | | | | | | | **4.9.1** |
| Y I N | **48** | Biological Spill Kit is available and all personnel are familiar with location and associated protocols? | | | | | | | 4.9.6 |
| Y I N | **49** | Emergency Spill Response posted and authorized personnel aware of its location? | | | | | | | **4.9.1** |
| Y I N | **50** | Outside containment zone emergencies considered? | | | | | | | 4.9.2 |
| Y I N | **51** | All incidents, accidents, exposures, loss of containment involving biological materials are reported to the laboratory supervisor and the Biosafety Officer? | | | | | | | 4.9.7 |
| Y I N | **52** | **LEVEL 2:** Authorized personnel know to immediately notify their supervisor of any illness caused by, or that may have been caused by, the biological material or toxin(s) being handled or stored? | | | | | | | 4.2.3 |
| **Section H: Record Keeping / Administrative Controls** | | | | | | | | |  |
| Y I N | **53** | Authorized personnel know the location and contents of the Lab Safety Binders? (SDS, PSD sheets, biosafety manual, SOPs, training records, etc.) | | | | | | | **4.3.1-4.3.5 /** 4.10.1 |
| Y I N | **54** | Training and retraining of all authorized personnel documented and records kept in accordance with the biosafety manual? | | | | | | | **4.3.1-5** / 4.10.1 |
| Y I N | **55** | Authorized personnel have completed A. biosafety training? B. Decontamination procedures? C. Proper BSC Use? D. Other equipment use? E. work specific potential hazards and precautions training? | | | | | | | **4.3.1 / 4.3.2** / 4.3.3 / 4.3.4 / **4.1.14** |
| Y I N | **56** | Authorized personnel have demonstrated knowledge of and proficiency in the SOPs on which they were trained? (sign-off sheets) | | | | | | | **4.3.1 /** 4.3.7 |
| Y I N | **57** | Evidence to show authorized personnel are required to follow these SOP’s? (sign off sheets) | | | | | | | 4.10.1 / **4.3.8** |
| Y I N | **58** | Was a local risk assessment (LRA) conducted to examine each task involving infectious material or toxins so that the risks were identified and safe work practices developed and documented? | | | | | | | **4.1.8** |
| Y I N | **59** | Emergency response procedures reviewed annually? | | | | | | | **4.3.10** |
| Y I N | **60** | Trainees supervised by authorized personnel until they have fulfilled the training requirements? | | | | | | | **4.3.8** |
| Y I N | **61** | A. Inventory of biological agents handled or stored in the containment zone maintained and kept up to date? B. Inventory records are updated regularly? C. Records of regulated materials are kept? | | | | | | | **4.10.2** |