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| --- | --- |
| Date of Inspection: |  |
| Facility: |  | **Containment Level:** | PC2 OGTR certified Plant Facility |
| Campus / Location: |  | **Building:** |  | **Room/s:** |  |
| Facility Manager: |  |
| Inspection Lead: | **Name:** |  | **Signature:** |  |
| Names of Inspection Team |  |

 **Facility meets all of the General and Specific Conditions** [ ]

 **Facility fails to meet all of the General and Specific Conditions** [ ]

|  |  |
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| Date of subsequent Inspection (if required): |  |
| Inspection Lead: | **Name:** |  | **Signature:** |  |

***Note – at end of report:***

*Appendix 1*: Facility floor plan

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| ***1.0 Risk Management*** |

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| **No.** | **Component** | **Compliance** | **Y** | **N** | **Additional Notes / Description** |
| 1.1 | Facility audits | Regular inspections of facility by IBC and Technical services with dates of last |  |  |  |
| 1.2 | Facility security and access | Limited to laboratory personnel and others specified by laboratory management |  |  |  |
| 1.3 | Access List | Sight the list of personnel inducted into the facility |  |  |  |
| 1.4 | Biological hazard and OGTR signage  | Displayed at each entrance to facility and on appropriate storage areas within the facility |  |  |  |
| 1.5 | Standard operating procedures (SOP) | Documented for all procedures |  |  |  |
| 1.6 | Risk assessments | Documented |  |  |  |
| 1.7 | Instruction and Training | Up-to-date documentation of all staff training |  |  |  |
| 1.8 | OGTR required training. | All persons within facility have been trained in the behavioural requirements for use of GMOs in (as listed in Part C of *Guidelines for Certification of Physical Containment Facilities PC2 Laboratory Version 3.2 – issued 1 March 2013).*A list of personnel within the facility must be sighted with a signature from each to that effect |  |  |  |
| 1.9 | Work not involving OGTR dealings being carried out in an OGTR certified facility | Documentation to describe how this work is segregated to prevent contamination with GMOs must be in place e.g. SOP |  |  |  |
| 1.10 | Accident / incident reports | System in place |  |  |  |
| 1.11 | Staff Immunisation | Relevant vaccines where specialised medical opinion and evaluation advises it |  |  |  |

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| ***2.0 Laboratory Facilities shall be in accordance with AS/NZS 2982.1 and the* OGTR *Guidelines for Certification of Physical Containment Facilities PC2 Laboratory and PC2 Plant Facility Version 3.2 – issued 1 March 2013*** |

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| **No.** | **Component** | **Compliance** | **Y** | **N** | **Additional Notes / Description** |
| 2.1 | Facility ownership | CSU owns facility and is OGTR Certification holder?  |  |  |  |
| 2.2 | Laboratory integrity and surfaces(bench tops, floors, walls and ceilings, doors, windows) | Fully enclosed space impermeable. Benches, floors and other work surfaces smooth and impermeableFloors with non-slip finish |  |  |  |
| 2.3 | Furniture | Ergonomic and washable |  |  |  |
| 2.4 | Wash basins and water supply | Basin mixers hands free. Potable hot and cold water (AS 3500) provided inside each room near the exit. Or minimum other means of decontamination of hands |  |  |  |
| 2.5 | Drench showers | AS/NZS 2982.1 |  |  |  |
| 2.6 | Eye wash stations | AS/NZS 2982.1 |  |  |  |
| 2.7 | Ventilation and air flow | Directional air flow. Recirculation permitted but not to outside PC2 facility |  |  |  |
| 2.8 | Pressure steam steriliser | Easily accessible and inspected/calibrated annually. Validated by spore test monthly with recordOperating instructions and safety signs adequate and clearly visible |  |  |  |
| 2.9 | Freezers, refrigerators | Posted with a biological hazard symbolTemperature of refrigerators monitored |  |  |  |
| 2.10 | Open spaces | Under benches, cabinets and equipment accessible for cleaning |  |  |  |
| 2.11 | Gown hooks | Adequate numbers, and located inside and near doors |  |  |  |
| 2.12 | Back flow prevention | Maintained and tested annually. Record date |  |  |  |
| 2.13 | Has the back flow prevention system been altered in the last year? | Changes to back flow prevention? If yes, then risk assessment is required |  |  |  |
| 2.14 | Flooding or storm surge | Has the risk been considered as per guidelines?Is there a SOP or RA in such an event? |  |  |  |
| 2.15 | Anteroom | Facility has an anteroom and entry is via anteroom. If GMO or GM products have the potential to be disseminated by invertebrates the anteroom must have strategies in place to prevent entry or egress of these |  |  |  |
| 2.16 | Boundaries | Boundaries are rigid durable and suitable for environmental conditions. Entry of surface runoff water prevented |  |  |  |
| 2.17 | Drainage exits (barriers and effluent control) | Fitted barriers to prevent invertebrates or animals GM plants or GM propagative material (seed and pollen) and microorganisms entering or exiting via the drainsAre liquid traps filled with appropriate disinfectant such that living materials cannot exit in the waste? |  |  |  |
| 2.18 | Openings | Openings in walls, ceiling or roof are filtered at the facility boundary or screened to prevent entry or exit of invertebrates or animals or GM pollen or seeds |  |  |  |
| 2.19 | Decontamination of hands | Wash basin (hands-free) or other means of hand decontamination present |  |  |  |

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| ***3.0 Work Practices*** |

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| **No.** | **Component** | **Compliance** | **Y** | **N** | **Additional Notes / Description** |
| 3.1 | General laboratory procedures(mouth pipetting, eating, drinking, smoking, shaving and applying cosmetics) | Prohibited |  |  |  |
| 3.2 | Laboratory rules displayed | Easily seen on entering the laboratory |  |  |  |
| 3.3 | Long hair | Tied back at all times |  |  |  |
| 3.4 | Standard precautions(gowns and enclosed footwear worn, protective eye wear available, gloves available and worn) | Systems in place(NH&MRC “ Infection control in health care settings: Guidelines for the prevention of transmission of infectious diseases) |  |  |  |
| 3.5 | Access to areas of work | Laboratory doors closed when work is in progress |  |  |  |
| 3.6 | Restricted access | Access restricted to authorised persons only |  |  |  |
| 3.7 | Exiting the facility | Removal of gloves and gowns. Hands washed thoroughly |  |  |  |
| 3.8 | Instruction and training | Records of staff training maintained |  |  |  |
| 3.9 | Labels | Use self-adhesive labels only |  |  |  |
| 3.10 | Aerosol containment | Procedures producing aerosol production carried out in biological safety cabinet Class two or I (note) or other equipment specifically designed to contain aerosols |  |  |  |
| 3.11 | Decontamination and disinfection | All work surfaces and equipment decontaminated before maintenance. Disinfectants suitable for use against GMOs in the facility |  |  |  |

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| ***4.0 Housekeeping / Maintenance*** |

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| **No.** | **Component** | **Compliance** | **Y** | **N** | **Additional Notes / Description** |
| 4.1 | Floors | Clean, dry and free from slip/trip hazards |  |  |  |
| 4.2 | Shelving | Stable and not overloadedNo chemicals stored above head height |  |  |  |
| 4.3 | Facility maintenance | Maintenance and service personnel advised of special hazardsDecontamination of surfaces prior to maintenance and induction forms filed |  |  |  |
| 4.4 | Cleaning Schedule | All cleaning equipment stored within the Laboratory and the cleaning schedule adhered to |  |  |  |

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| ***5.0 Environmental*** |

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| **No.** | **Component** | **Compliance** | **Y** | **N** | **Additional Notes / Description** |
| 5.1 | Waste management system | Written procedures (SOP) in place |  |  |  |
| 5.2 | Segregation of waste | Written procedures (SOP) in place |  |  |  |
| 5.3 | Storage of waste | Written procedures (SOP) in place |  |  |  |
| 5.4 | Disposal of waste | Written procedures (SOP) in place |  |  |  |
| 5.5 | Division of facilities management pest control program (record dates) | In place and documented |  |  |  |
| 5.6 | Laboratory pest inspection program in place and recorded | In place and documentedWeekly inspections and remedial action to remove pests, eg. Mortein knockdown and barrier sprays used appropriately  |  |  |  |
| 5.7 | Waste management system | Written procedures (SOP) in place |  |  |  |
| 5.8 | Segregation of waste | Written procedures (SOP) in place |  |  |  |

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| ***6.0 Biological Safety*** |

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| **No.** | **Component** | **Compliance** | **Y** | **N** | **Additional Notes / Description** |
| 6.1 | MSDS | MSDS readily available |  |  |  |
| 6.2 | Containment procedures for cadaveric material | As per Anatomy Act |  |  |  |
| 6.3 | Infectious material containers | Clearly labelled and stored appropriately |  |  |  |
| 6.4 | Disposal of infectious waste | In accordance with AS/NZS 2243.3:2002 |  |  |  |
| 6.5 | Decontamination of work surfaces | Use of appropriate chemical solution |  |  |  |
| 6.6 | Sharps | Sharps procedures adopted and adhered to |  |  |  |
| 6.7 | Disposable gloves | Available |  |  |  |
| 6.8 | Writing areas | Provision of separate area for writing materials |  |  |  |
| 6.9 | Emergency procedures | Procedures in place for a biological spill |  |  |  |
| 6.10 | Cultures | Are all cultures clearly identified? |  |  |  |
| 6.11 | GMOs | All GMOs and GMO waste segregated and labelled |  |  |  |
| 6.12 | Specialist Storage requirements | Are all spore dispersing organisms sealed during storage |  |  |  |

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| ***7.0 Fume Cupboards, Laminar Flows and Biosafety Cabinets*** |

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| **No.** | **Component** | **Compliance** | **Y** | **N** | **Additional Notes / Description** |
| 7.1 | Does laboratory have a Class 1 or 2 biosafety cabinet, laminar flow or fume hood? Record which one | Biosafety cabinet inspected in last 12 months with date. Certificate of test results affixed to cabinet side |  |  |  |
| 7.2 | Fume hood performance test | Annual inspection by NATA accredited testing authority |  |  |  |
| 7.3 | Face velocity for fume cupboards | Average face velocity a minimum of 0.5 m/s with sash in all positions |  |  |  |

**APPENDIX 1**

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| ***Facility Floor Plan*** |

Please attach current floor plan of facility from FM Central at <https://fmcentral.csu.edu.au/sisfm-enquiry/CSU/login.aspx>