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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Inspection: |  | | | | | | |
| Facility: |  | | | **Containment Level:** | | PC2  PC2 with OGTR certification | |
| 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 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 impermeable  Floors 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 record  Operating instructions and safety signs adequate and clearly visible |  |  |  |
| 2.9 | Freezers, refrigerators | Posted with a biological hazard symbol  Temperature 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 |  |  |  |

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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 & enclosed footwear worn, protective eye wear available, gloves available & 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 & gowns. Hands washed thoroughly |  |  |  |
| 3.8 | Instruction & 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 & free from slip/trip hazards |  |  |  |
| 4.2 | Shelving | Stable & not overloaded  No chemicals stored above head height |  |  |  |
| 4.3 | Facility maintenance | Maintenance & service personnel advised of special hazards  Decontamination 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 & documented |  |  |  |
| 5.6 | Laboratory pest inspection program in place and recorded | In place & documented  Weekly inspections and remedial action to remove pests, eg. Mortein knockdown and barrier sprays used appropriately |  |  |  |

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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 & 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 & 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>