HS325

Biosafety Audit Checklist

For additional information refer to HS323 Biosafety Procedure and HS308 Audit Procedure

If you find any deficiencies during this audit please enter them into myUNSW as a workplace inspection

Audit completed by: {name } **Date:** **Lab. number.**

Program	Requirement	Check (Y/N)
1. Induction	1.1. Is there an authorised access procedure in place which requires appropriate induction/training prior to gaining access to the facility?	
	1.2. Where the facility is certified with the OGTR, does the induction include any specific conditions of this certification?	
2. Approvals and Lab Status	2.1. Is the Physical Containment status (e.g. PC1 / PC2) of the laboratory appropriate for the risk group of the biological agents, and the level of risk of the biological work?	
	2.2. Is AQIS approval required for any imported material?	
	2.3. Does the laboratory have the appropriate certifications for the proposed work (e.g. Quarantine Approved Premises, PC2 lab certified by OGTR etc)?	
	2.4. Are all research projects that involve the use of genetically modified material (GMO) assessed by the UNSW IBC for assessment before GMOs are brought into the facility?	
	2.5. Do biological samples / materials arrive to the laboratory with double containment?	
3. Biological Organisms Register	3.1. Is there a Biological Organisms Register available for the laboratory?	
	3.2. Is there a process to ensure it is kept current?	
4. Engineering Controls	4.1. Is a Biological Safety Cabinet(s) available for aerosol containment for all work with potentially infectious material or any GMO work?	
	4.2. Are interlocking centrifuges available with lids for rotor buckets?	
	4.3. Is there an autoclave facility with cycle validation for steam sterilisation processes?	
	4.4. Is there an alarm system for freezer failure?	
5. ITM	5.1. Is there an Inspection, Testing and Monitoring schedule for equipment used in the laboratory e.g. bio-safety cabinets, centrifuges, autoclaves (including annual testing of pressure vessel by maintenance personnel)?	
	5.2. Is every load in the autoclave logged and includes the outcome of the validation strip?	
6. Labelling and Storage	6.1. Are biological samples sufficiently labelled to indicate risk?	
	6.2. Is there a process to enable the ready identification of GMO specimens?	
	6.3. Are specimens in fridges and freezers appropriately inventorised and labeled?	
	6.4. Where specimens are being stored in large fridges and freezers, are the specimens double contained?	
	6.5. Are all storage devices where biological are stored, labeled with the biohazard symbol (for storage within the facility as well as outside the facility)?	
7. RAs and SWPs	7.1. Are documented risk assessments available for work involving potentially infectious materials?	
	7.2. Is there a process to review such risk assessments?	

Program	Requirement	Check (Y/N)
	7.3. Are Safe Work Procedures documented for all tasks involving infectious materials and GMO work?	
8. Training	8.1. Is training provided to all persons who work with in a PC2 facility?	
	8.2. Is additional training provided to all persons who work in a facility that is certified with the OGTR?	
	8.3. Are training records maintained?	
	8.4. Are records maintained that workers have been trained on a SWP, especially in the use of BSCs and centrifuges?	
9. PPCE	9.1. Has the required and appropriate Personal Protective Clothing and Equipment been identified for the laboratory and tasks?	
	9.2. Are checks carried out to ensure that PPE is worn and is appropriate for the task?	
	9.3. Are designated storage areas for PPE available?	
10. Waste	10.1. Is biological waste decontaminated (either via steam or chemical means) before disposal?	
	10.2. If steam sterilisation is used, does it conform to the required temperature, time and pressure?	
	10.3. If chemical disinfectants are used, are there checks to ensure the chemical is appropriate to the biological risk and that the procedure optimises the chemicals effectiveness?	
	10.4. Are sharps collected in an appropriate sharps container prior to collection by the biological waste contractor?	
11. Emergency	11.1. Are safety showers and eye washes available and checked weekly or according to a documented risk assessment?	
	11.2. Are any items being stored around safety showers, spill kits or fire-fighting equipment?	
	11.3. Where available, are workers offered immunisation appropriate to the risk?	
	11.4. Is there a needlestick incident or biological exposure procedure communicated and available?	
	11.5. Is there a suitable biological spill kit available including appropriate PPE?	
	11.6. Are people trained to use the spill kit?	

Notes for any non-conformances if required: (*Remember: add corrective action to myUNSW and assign action)*

Item Number	Specific comment / action /observation etc.