

### **WORKSHEET**

Document G\_10\_LQM\_29\_A Author: J Ferguson Authorised: W Porau 3/9/22 Review: 3/9/22

# **Quarterly Laboratory-wide Safety Assessment – administrative elements**

Once completed, this assessment requires review and signing by the Laboratory Manager.

Laboratory:	 Date:	
Conducted by:	 Signed:	
Persons consulted:		

Administrative items	Compliance?	Notes
When was the last monthly observational biosafety audit conducted?	Date:	
Have all outstanding actions from that audit been actioned?	y/ n	
Is a biosafety officer appointed?	y/ n	
Has the biosafety officer completed the required CDC Lab Safety and WHO GMPP training modules (with certificates of completion held in personnel file)?	y/ n / partial	
Is the approved FFCG lab biosafety manual available as a printed copy in a prominently labelled folder?	y/ n	
Is there a Biosafety noticeboard in a prominent position in the laboratory?	y/ n	
Emergency contact numbers including after-hours numbers posted on biosafety noticeboard?	y/ n	
Is there a process defined for post-exposure prophylaxis (PEP) (jobAid)?	y/ n	
Is the agreed PEP process displayed clearly on the noticeboard?	y/ n	
Are Laboratory personnel vaccinated against Hepatitis B? [non carriers]	y/ n / partial / unk	
Is the Laboratory Acquired Infection information sheet displayed on the noticeboard?	y/ n	
Are at least two Laboratory staff trained on first aid (online course) and aware of the post-exposure protocol?	y/ n / partial	
Are at least two Laboratory staff trained on basic life support- cardiopulmonary resuscitation (practical training within the previous 12 months)?	y/ n / partial	
Is biosafety discussed as a separate agenda item in the staff meeting?	y/ n	

Administrative items	Compliance?	Notes
Are annual fire drills conducted and documented (confirm fire drill records)?	y/ n	
Are lockers provided to staff for storage of personal clothing and other items?	y/ n	
Is there Laboratory entry signage for staff indicating no chewing, no food, no drink or smoking within the lab?	y/ n	
Electrical wiring in good condition and not across walkways	y/ n	
Laboratory sufficiently illuminated (are there lights that need replacement?)	y/ n	
Laboratory sufficiently ventilated or air conditioned?	y/ n	
Laboratory equipped with in-date fire extinguishing equipment?	y/ n	
Are Laboratory personnel aware of the waste management process required and SOP?	y/ n	
Stocked First-aid kit and instructions available?	y/ n	
Spill kit and JobAid instructions readily available?	y/ n	
Is the BSC cabinet(s) annual service in date and recorded on the Biological Safety Cabinet Servicing form G_90_WS_8?	y/ n	
Appropriately marked biohazard disposal bins available?	y/ n	
Are there sufficient sharps containers in the lab?	y/ n	
If present, is the Flammable chemical (yellow) cabinet locked?	y/ n	
Is the key to the cabinet held suitably secure?	y/ n	
Are all staff aware of the waste management SOP (i.e. they have acknowledged reading G_10_SOP_22_A)	y/ n	
Has the laboratory cleaning SOP G_10_SOP_16_A been explained to the cleaner(s)	y/ n	

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## Fire extinguishers – examine all existing

Type (e.g. CO2, water)	Location	Last certified	Comment

# **Chemical stocktake** – list all stock due for disposal

Reagent detail	Quantity (volume/wt)	Expiry date	Comment

# Action(s) required

Give a detailed description of any actions which need to be taken and include a date by which they should be completed.

Action to be taken		Who is responsible for	Date to be	
		taking action?	completed	
Actions endorsed/Sign/dat	e (Section Head)			
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Endorsed/ Sign/date (Lab.	manager)			
		1/22/		
Amendment 3/5/22		Correction to disinfectant required (70% alcohol or bleach)		
Amendment 20/7/22		ons added and audit split into	separate Admin and	
		Observational audits		
Amendment 3/9/22		Format and content of header and responses adjusted; lab manager endorsement added; response options – removed unk and most partials		
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