HS325 **Biosafety Audit Checklist**	

Building: **Level/ Room:**	**Date:**	**Inspector/s:**	**Signature/s:**
Responsible Person Responsible for area: *(print name)*		**Responsible Person signature to signify this is an agreed record of inspection and corrective actions:**	
Faculty/Division:		**School/Divisional Unit:**	

This Checklist is used to assist local areas to verify their laboratory's compliance with HS323 Biosafety Procedure.

Please complete all the questions by answering **Yes/No/Not Applicable/Unknown**.

If you answer **No** to a question, a Corrective Action needs to be recorded. Corrective Actions should be determined by the room/area manager/supervisor in consultation with inspectors. Corrective Actions must be recorded in myUNSW as Inspection findings.

If you answer **Unknown** to a question, you must provide an explanation (Add Comment).

Item	Yes	No	N/A	Unknown	Corrective Action recommended and inspection comments (Add CA to myUNSW)	Person responsible for CA
1. INDUCTION						
1. Is there an authorised access procedure in place which requires appropriate induction/training prior to gaining access to the facility?						
2. Where the facility is certified with the OGTR, does the induction include any specific conditions of this certification?						
2. APPROVALS AND LAB STATUS						
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. Is Biosecurity approval required for any imported material?						
3. Does the laboratory have the appropriate certifications for the proposed work? (e.g., Biosecurity Approved Arrangement, PC2 lab certified by OGTR, etc.)						

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4. Are all research projects that involve the use of genetically modified material (GMO) assessed by the UNSW GTRC before GMOs are brought into the facility?						
5. Are biological samples/material required to arrive in double containment?						
3. BIOLOGICAL ORGANISMS REGISTER						
1.Is there a Biological Register available for the laboratory?						
2. Is there a process to ensure it is kept current?						
4. ENGINEERING CONTROLS						
1. Is a Biological Safety Cabinet(s) available for aerosol containment for all GMO work and any work that may generate aerosols?						
2. Is a centrifuge available that has rotor buckets with locking lids for aerosol containment?						
3. Where there is an autoclave, are the steam sterilisation cycles periodically validated?						
4. Is there an alarm system for freezer failure?						
5. INSPECTION, TESTING AND MONITORING						
1. Is every load in the autoclave logged?						
2. Is the outcome of the validation test logged?						
3. Is there an Inspection, Testing and Monitoring schedule for equipment used in the laboratory? (e.g., bio-safety cabinets, centrifuges, autoclaves, gas regulators, including annual testing of pressure vessel by maintenance personnel)						
6. LABELLING AND STORAGE						
1, Are biological samples sufficiently labelled to indicate ownership and material?						
2. Is there a process to enable the ready identification of GMO specimens?						
3. Are specimens in fridges and freezers appropriately inventorised and labelled?						
4. Are specimens in large fridges and freezers stored in double containment?						

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5. Are all storage devices where biologicals are stored, labelled with the biohazard symbol? (for storage within the facility as well as outside the facility)						
6. For storage outside the facility, is there restricted access to the storage device?						
7. Are chemicals and solutions clearly labelled and GHS-compliant?						
7. RAs and SWPs						
1. Are risk assessments and Safe Work Procedures available for work involving potentially infectious materials?						
2. Is there a process to review risk assessments and Safe Work Procedures?						
3. Are all tasks involving infectious materials and GMOs covered by an approved and signed Safe Work Procedure?						
8. TRAINING						
1. Have the training requirements for this area been identified and documented?						
2. Is training provided and documented to all persons who work within a PC2 facility?						
3. Is additional training provided and documented to all persons who work in a facility that is certified with the OGTR?						
4. Are training records maintained?						
5. Are records maintained that workers have been trained on a SWP, especially in the use of BCSs and centrifuges?						
9. PERSONAL PROTECTIVE EQUIPMENT (PPE)						
1. Has the required PPE been identified for the laboratory and tasks?						
2. Are checks carried out to ensure that PPE is worn and is appropriate for the task?						
3. Are designated and appropriate storage areas for PPE available?						
10. WASTE						
1. Is solid biological waste double bagged before disposal, with each bag cable-tied separately?						
2. If steam sterilisation is used, does it conform to the required temperature, time, and pressure?						

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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 chemical's effectiveness?						
4. Are sharps collected in an appropriate sharps container prior to collection by the biological waste contractor?						
5. Are sharps stored appropriately to prevent the risk of injury from unprotected sharps (including sharp forceps)?						
11. EMERGENCY						
1. Are safety showers and eyewashes available and checked weekly or according to a documented risk assessment?						
2. Is access maintained to safety showers by keeping the surrounding areas free of equipment?						
3. Where available, are workers offered immunisation appropriate to risk?						
4. Is there a needlestick incident or biological exposure procedure communicated and available?						
5. Is there a suitable biological spill kit available including appropriate PPE?						
6. Are people trained to use the spill kit?						
7. Is there a list of trained first aiders displayed?						

The completed Checklist should be entered into myUNSW as a New Inspection