

Safety Approval Checklist (Part A) – Biological Safety

(For all projects that involve biological materials)

This checklist is to be used by the principal investigator to determine if approval can be granted by the Head of Department or whether a more detailed Risk Assessment (Part B or equivalent) is needed.

Name of Principal Investigator (PI): _____ Department: _____

Project Title: _____

What Biological Materials will be used in the project?

	Yes	No	
1. Bacteria	<input type="checkbox"/>	<input type="checkbox"/>	e.g. E.coli K12 HB101
2. Viruses or virus vectors	<input type="checkbox"/>	<input type="checkbox"/>	e.g. influenza subtype, lentivirus vector
3. Fungi, Parasites or other agents	<input type="checkbox"/>	<input type="checkbox"/>	
4. Clinical samples	<input type="checkbox"/>	<input type="checkbox"/>	e.g. bloods, biopsies etc.
5. Non-standard cell lines	<input type="checkbox"/>	<input type="checkbox"/>	e.g. primary or virus transformed, iPSC's, hESC's
6. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	

Please specify briefly:

Describe briefly what procedures will be carried out: (e.g. growth or culture/manipulation undertaken, storage, disposal, centrifugation, FACS, animal work etc.)

Please answer whether the following statements are true or not applicable (N/A):

	Yes	No	N/A			
Good Microbiological Practice	1	Sharps handled with caution; used only as necessary and disposed of properly.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Procedures done to minimize aerosol production/ biosafety cabinet used as appropriate.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Personal protective clothing, equipment provided/used.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Hepatitis B vaccination offered, as applicable.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Live virus worker medical surveillance, as appropriate.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6	Eating, drinking, applying cosmetics, handling contact lenses, mouth pipetting prohibited; no storage of food, cosmetics, medications in the laboratory.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	Proper decontamination and spill procedures documented and followed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8	Waste is disposed of, packaged, and labelled correctly.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	Laboratory and equipment posted with required biohazard signs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering Controls	1	Hand washing facilities provided and used, Eye wash station available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Autoclave available, used and checked for effectiveness, Biosafety cabinet certification current.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Floor, ceiling, furnishings, work surfaces durable, cleanable and in good repair.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Controls and Documentation	1	Laboratory facility meets criteria for appropriate biosafety level.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	Access to the Biosafety Manual, Standard Operating Procedures is provided and encouraged.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	Access to the laboratory is limited or restricted as appropriate.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	Aware of requirement for reporting of accidents/injuries.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	Risk assessment carried out for virus vector work and any projects that require BSL2 or above.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If all these issues have been clearly addressed then the Head of Department should be able to endorse the application. If the response to any of the questions is No then a fuller risk assessment should be carried out i.e. Part B or other equivalent assessment.

Declaration of Principal Investigator

I/we are aware of my/our safety responsibilities as a PI spelt out in the University's Safety Policy.

I/we will ensure the facilities; safety equipment and procedures are in place to enable this work to be carried out safely.

I/we will ensure everyone carrying out the work is appropriately trained.

I/we will follow and ensure others follow all relevant SOP's.

I/we will report all near misses and accidents and all symptoms of relevance to what I/we am/are working with.

I/we will also report any new conditions that arise e.g. asthma, pregnancy etc.

I/we will provide supervision and instruction to all personnel working on the project.

_____ Signature of Principal Investigator _____ Date

_____ Endorsed by Head of Department _____ Date