

For IBC use only

Registration no.:

Date received:



**INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)
UCSI UNIVERSITY**

BSL 1 SELF-INSPECTION CHECKLIST

Instructions

1. Using the checklist below, inspect your lab and note any deficiencies that need to be addressed [the Principal Investigator (PI) may assign a senior lab member or laboratory supervisor to complete the checklist, but the PI must review, date, and sign the checklist.
2. Sign and date the completed checklist.

Date:	
Conducted by:	
Principal Investigator (PI):	
Department/Room no.:	

1. BASIC LABORATORY – BIOSAFETY LEVEL 1

1.1 Laboratory	YES	NO	N/A	COMMENTS
a. Limited access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Proper signage: e.g. biohazard, ultraviolet light etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Relevant SOP for work activities available and followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Laboratory equipment properly labelled (biohazardous, radioactive, toxic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.2 Laboratory Design				
a. Facility designed for easy cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Corridors and exits are free from obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. All storage shelves secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	YES	NO	N/A	COMMENTS
e. Bench-tops waterproof and resistant to acids, alkali, organic solvents, heat, chemicals used to decontaminate the work surface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Adequate illumination/lighting provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Adequate storage space available and appropriately used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Windows fitted with insect-proofscreen (when windows can be opened)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.3 Gas Cylinders				
a. All cylinders secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Caps on reserve cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Asphyxiating and hazardous gases only in designated ventilated rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. No excess or empty cylinders present in non- designated areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.4 Chemicals				
a. Flammables stored in storage cabinet for flammables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Chemicals segregated properly based on intrinsic properties when stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Hazardous chemicals stored safely and securely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Working stock chemicals available in appropriate amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. MSDS/CSDS is available and easily accessible for all chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.5 Refrigerators/Freezers/Cold Rooms				
a. No food for human consumption stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Flammables placed in explosion-proof/-safe units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. All material containing carcinogens, radioactivity and/or biohazards are labelled externally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	YES	NO	N/A	COMMENTS
d. Cold-room has emergency release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Cold-room has audible alarm or temperature monitoring system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.6 Electrical Equipment				
a. No overloaded extension cords or electrical strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Earths/grounds present on electrical outlets and cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. No electrical connections in wet areas e.g. sinks, under showers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. All equipment and wiring in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Power strips mounted off the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Proper fuses in conduits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.7 Personal Protective Equipment				
a. Eyewash available in laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Safety shower available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Personal protective equipment available (gloves, gowns, goggles, etc.) and worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Occupants properly attired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Laboratory coats, gowns, smocks, gloves and other personal protective clothing not worn outside the laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Personal protective equipment available for cryogenic storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.8 Waste Management				
a. Wastes segregation implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Chemical waste containers tagged, labelled, dated and kept closed/stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Biohazardous waste containers appropriately handled and disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. All sharps (needles, broken glass, scalpel blades) are disposed in sharps bin or designated durable puncture proof containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	YES	NO	N/A	COMMENTS
e. No trash on floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.9 Occupational Health and Safety Programme Available				
a. Hazard communication (Lab personnel advised of all potential hazards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Hearing conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Chemical Spill Kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Biological Spill Kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. First Aid Kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Emergency Response Plan (ERP) in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Reporting of Incidents, Accidents and Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.10 General Engineering Controls				
a. Sink available for hand-washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. No exposed machine parts (pulleys, gears)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Water purification system in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.11 General Practices and Procedures				
a. Food for human consumption stored outside the laboratory area in cabinets or refrigerators designated and used for this purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Microwave oven(s) clearly labelled "Strictly to Laboratory Materials Only"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Eating, drinking, smoking and/or applying of cosmetics not allowed in the laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Pressurized glass containers taped or shielded (i.e. vacuum traps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Mouth pipetting prohibited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Mechanical pipetting devices available and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Protective laboratory clothing stored separately from street clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	YES	NO	N/A	COMMENTS
1.1.12 General Laboratory Housekeeping				
a. Bench-top cleaned and not cluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Laboratory floor free from trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Broken glassware handled by mechanical means (brush and dustpan, tongs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Chemical inventory system available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Pest Control program implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.1.13 Fire Protection				
a. Sprinkler heads free and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. No wiring or tubing through door openings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Minimum passageway width of 1 meter (m) in laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Minimum combustibles stored in laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Adequate fire extinguisher available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Fire alarm available and drills for evacuation implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: N/A- Not Applicable

Other comments:

Signature and stamp of PI:

Date:

Adapted from: Malaysia Laboratory Biosafety and Biosecurity Policy and Guideline, Ministry of Health Malaysia, 2015, 1st Edition (section 3.0 Laboratory Biosafety Checklist)