

Safety Audit

for



Utilising

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Online Health and Safety Management

Audit Date:

Created By:

Template Title:

Biological Safety Audit

The Biological Safety Audit is a formal review of the systems in place within your department or institution, which ensure safety in the workplace. It is not a comprehensive inspection designed to find all faults, or all good practice. The focus is primarily on documented evidence that biological safety is being effectively managed in a proactive manner and is in compliance with health and safety law and university policy.

Template Description:

The persons that would be interviewed:

- Head of Department
- Department Biological Safety Officer or nominated contact
- Other 'BSOs' and any deputies
- Secretary to Safety Committee
- Others with responsibilities pertaining to biological safety eg, PI, lab manager, technical staff

Internal Reference	
Date Assessed	
Assessed by	

School/Service/College/Institution	
Faculty/Service Division	
Department	
Sub Department	
Sub Division	

(Ai) PLAN: Departmental Safety Information and Policy

1.1 Department's Safety Policy. Does it refer to work involving biological agent/materials?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Does it make reference to GM (HSE CU regulations), Schedule 5/ATCSA, COSHH, HTA, SAPO etc?		
Remedial Actions	Action To	Due Date

1.2 Biological Safety Committee minutes from the last three meetings supplied and suitable

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Needs to be made up of appropriate members.		
Remedial Actions	Action To	Due Date

1.3 Does this committee cover Genetic Modification matters?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Should review and make judgements of GM Risk Assessments and notifications etc.		
Remedial Actions	Action To	Due Date

1.4 Does the Biological Safety Committee and/or GM Safety Committee make a report to the Departmental Safety Committee?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Maybe verbal report. Sometimes written report.		
Remedial Actions	Action To	Due Date

1.5 Are the minutes of the Biological Safety Committee sent to the Safety Office?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
If not, ascertain why; check with SO for last minutes received.		
Remedial Actions	Action To	Due Date

1.6 Does the department have a Biological Safety Manual or a Departmental Safety Manual that covers biological safety? How do you ensure that the focus of the policy has a risk based approach to ensure compliance with Health & Safety legislation?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Are the contents of the manual appropriate for the work being carried out?		
Remedial Actions	Action To	Due Date

1.7 Has the department fully implemented the following University policies: (a) Animal Allergy; (b) Waste; (c) Blood?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Make sure the department is aware of the policies and the requirements.		
Remedial Actions	Action To	Due Date

1.8 Does the department have a policy on the use of materials that fall under Schedule 5 of Anti-Terrorism, Crime & Security Act 2001 (ATCSA)?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Comments		
Remedial Actions	Action To	Due Date

1.9 What is the department's policy on the transport of hazardous biological materials?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Comments		
Remedial Actions	Action To	Due Date

1.10 Is the department aware of the issues relating to materials which could possibly carry the Poliovirus? If applicable, are RAs in place?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Should know about the WHO Poliovirus eradication scheme and have RAs and SOPs in place if applicable to activities in the Department.		
Remedial Actions	Action To	Due Date

1.11 Is the department aware of and carrying out its responsibilities under the Human Tissue Act?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
To provide HTA licence number, training records, HTA RAs and SOPs.		
Remedial Actions	Action To	Due Date

1.12 Is the department aware of the need to assess employees for health surveillance requirements. If applicable, how does it ensure it is carried out?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Refer to Departmental Policy document and provide a recent example.		
Remedial Actions	Action To	Due Date

1.13 Is there a policy on PPE in the Department?

Please Select From...		
☐ Not Applicable	☐ Not Met	☐ Partially Met
☒ Fully Met		
Comments		
Remedial Actions	Action To	Due Date

1.14 Is a biological safety file of information kept? If yes, is it passed onto a new BSO? How does the department ensure continuity of biological safety knowledge?

Please Select From...		
☐ Not Applicable	☐ Not Met	☐ Partially Met
☒ Fully Met		
Comments		
Remedial Actions	Action To	Due Date

1.15 Are First Aiders aware of any potential significant biological issues in the department and if these could impact their involvement in dealing with incidents?

Please Select From...		
☐ Not Applicable	☐ Not Met	☐ Partially Met
☒ Fully Met		
Guidance	Comments	
Provide evidence of induction and training of First Aiders if there are significant biological issues in the department.		
Remedial Actions	Action To	Due Date

(Aii) PLAN: Safety Organisation

2.1 Is there a Departmental Biological Safety Officer (DBSO)?

Please Select From...		
Not Applicable ☐ Fully Met ☒	Not Met ☐	Partially Met ☐
Guidance		Comments
Or a person to perform the required Biosafety tasks?		
Remedial Actions	Action To	Due Date

2.2 Has the Department given the BSO a letter of appointment? If so, is the letter also provided to the Safety Office?

Please Select From...		
Not Applicable ☐ Fully Met ☒	Not Met ☐	Partially Met ☐
Guidance		Comments
Provide an appointment letter if applicable.		
Remedial Actions	Action To	Due Date

2.3 Are there any persons appointed to assist the DBSO or stand-in in their absence?

Please Select From...		
Not Applicable ☐ Fully Met ☒	Not Met ☐	Partially Met ☐
Comments		
Remedial Actions	Action To	Due Date

2.4 Does the DBSO/Deputy BSO report to and attend the Departmental Safety Committee?

Please Select From...		
☐ Not Applicable ☒ Fully Met	☐ Not Met	☐ Partially Met
Guidance		Comments
If yes, provide documentary evidence.		
Remedial Actions	Action To	Due Date

2.5 What training has the DBSO and, if appropriate, 'Deputies' had?

Please Select From...		
☐ Not Applicable ☒ Fully Met	☐ Not Met	☐ Partially Met
Guidance		Comments
Looking for in-house courses, MRC HTA course, ISTR biosafety courses etc.		
Remedial Actions	Action To	Due Date

2.6 Is there a system in place to record the training of (a) Research staff; (b) Students; (c) Others?

Please Select From...		
☐ Not Applicable ☒ Fully Met	☐ Not Met	☐ Partially Met
Guidance		Comments
- including technicians/operators - such as cleaners/office staff/maintenance, and anyone - those who may enter the lab		
Remedial Actions	Action To	Due Date

2.7 Does the departmental induction training cover biological safety matters?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Would like to see an example of training to see what the standard is like.		
Remedial Actions	Action To	Due Date

2.8 Is there a system in place to record the decontamination of equipment prior to maintenance, repair or removal from the laboratory?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Evidence of decontamination form and records. (We are specifically looking at biological contamination).		
Remedial Actions	Action To	Due Date

2.9 Does the department have local rules for the use of biological agents?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Are the local rules provided suitable and sufficient?		
Remedial Actions	Action To	Due Date

2.10 How do you communicate Biological Safety issues or news/updates to staff/students/visitors/contractors/buildings services?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
To provide copies of newsletters, posters, emails etc.		
Remedial Actions	Action To	Due Date

2.11 Have all outstanding actions following an accident been identified? In particular needlestick; breakage of culture flasks; failure of MSC etc.

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Please also check that these actions have been done. Please see 5.1 and 5.2 below.		
Remedial Actions	Action To	Due Date

2.12 Are workers aware of contingency and emergency lone-working/out of hours arrangements?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Supply the instructions given to workers and are these also referred to in the Safety Policy.		
Remedial Actions	Action To	Due Date

2.13 Are workers made aware of the University accident/incident reporting procedure?

Please Select From...		
Not Applicable	☐	☐
Fully Met	☐	☐
Not Met		Partially Met

Guidance	Comments
Provide evidence.	

Remedial Actions	Action To	Due Date

(B) DO: Implementation
3.1 Is there a documented procedure for carrying out Risk Assessments for Genetically Modified Organisms/Microorganisms?

Please Select From...		
Not Applicable	☐	☐
Fully Met	☐	☐
Not Met		Partially Met

Guidance	Comments
Describe the procedure and provide examples of risk assessments.	

Remedial Actions	Action To	Due Date

3.2 Does the department have a system, eg a database, to record, track and review progress of Genetically Modified Organisms projects and associated RAs?

Please Select From...		
Not Applicable	☐	☐
Fully Met	☐	☐
Not Met		Partially Met

Guidance	Comments
Provide evidence of GM tracking system.	

Remedial Actions	Action To	Due Date

3.3 Is there a documented procedure for carrying out COSHH Risk Assessments? (Biological, not Chemical)

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Describe the procedure and provide examples of biological risk assessments. Is the University Bio Risk Assessment Template being used?		
Remedial Actions	Action To	Due Date

3.4 Does the department have a comprehensive set of COSHH assessments for biological substances?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Supply evidence to indicate that there is a comprehensive set of biological RAs. Are the assessments suitable and sufficient?		
Remedial Actions	Action To	Due Date

3.5 Does the department have a comprehensive record of Approved List agents/pathogens (Advisory Committee on Dangerous Pathogens)?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Supply evidence indicating the comprehensive list of agents.		
Remedial Actions	Action To	Due Date

3.6 Is there a documented procedure for carrying out Specified Animal Pathogens Order (SAPO) Risk Assessments?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Supply procedure and an example of a risk assessment.		
Remedial Actions	Action To	Due Date

3.7 Does the department have a comprehensive list of all Specified Animal Pathogens Order (SAPO) organisms used or held?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Supply evidence of a comprehensive list of SAPO agents.		
Remedial Actions	Action To	Due Date

3.8 Is there a documented procedure for carrying out risk assessments for Schedule 5 agents (Anti-Terrorism, Crime and Security Act)?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Supply evidence of procedure and an example of a risk assessment.		
Remedial Actions	Action To	Due Date

3.9 Does the department have any agents that are in Schedule 5 of Anti-Terrorism, Crime and Security Act (ATCSA)? Are these agents stored in the appropriate manner?

Please Select From...		
☐ Not Applicable ☒ Fully Met ☒ Not Met ☐ Partially Met		
Comments		
Remedial Actions	Action To	Due Date

3.10 Does the department have any flow cytometry/robotic systems, if so are they evaluated appropriately in the Risk Assessments?

Please Select From...		
☐ Not Applicable ☒ Fully Met ☒ Not Met ☐ Partially Met		
Guidance	Comments	
Provide RAs. Are they suitable & sufficient?		
Remedial Actions	Action To	Due Date

3.11 Is there a documented procedure to assess samples for the presence of Poliovirus?

Please Select From...		
☐ Not Applicable ☒ Fully Met ☒ Not Met ☐ Partially Met		
Guidance	Comments	
Supply procedure. Are the samples traceable?		
Remedial Actions	Action To	Due Date

3.12 Are relevant control/mitigation measures identified in the biological/GM risk assessments and how do you ensure that these are carried out?

Please Select From...		
Not Applicable ▢ Fully Met	Not Met ▢	Partially Met ▢
Guidance		Comments
Have the measures in the risk assessments been identified and put in place.		
Remedial Actions	Action To	Due Date

3.13 Is there a system in place to share information on risks in shared working areas?

Please Select From...		
Not Applicable ▢ Fully Met	Not Met ▢	Partially Met ▢
Guidance		Comments
In addition, is there a system in place to issue permits to work in areas where biological work is carried out?		
Remedial Actions	Action To	Due Date

3.14 Does the department have a system for the statutory testing of Local Exhaust Ventilation systems such as Microbiological Safety Cabinets (MSCs)?

Please Select From...		
Not Applicable ▢ Fully Met	Not Met ▢	Partially Met ▢
Guidance		Comments
Provide evidence of the system in place for statutory testing at the required intervals.		
Remedial Actions	Action To	Due Date

3.15 Does the Department have a system for 'fumigation' for MSCs in the event of a biological spill (depending on bioagent) or in preparation for some engineer inspections and service visits?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
- The process of fumigation is a validated disinfection process and applies normally to gaseous or vapour disinfection (not surface wipe down or UV lamps). See HSE document 'Management and operation of microbiological containment laboratories' for further information. - Is a specialist company used, provide evidence.		
Remedial Actions	Action To	Due Date

3.16 Does the department segregate biological waste? Is segregation appropriate to the waste routes identified?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Provide evidence of documented policy, procedures and practice - with particular reference to segregation of biological waste.		
Remedial Actions	Action To	Due Date

3.17 Does the Department have up to date records of waste inactivation? Does the Department have any records for validation of their methods of waste inactivation?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Guidance		Comments
Provide examples of records as evidence.		
Remedial Actions	Action To	Due Date

3.18 Does the department have comprehensive records of recent inspections (in-house, University and external)?

Please Select From...		
☐ Not Applicable	☐ Not Met	☐ Partially Met
☒ Fully Met		
Guidance		Comments
Provide examples of records, specifically relating to biologicals.		
Remedial Actions	Action To	Due Date

3.19 Does the department have any systems in place to deal with the consequences of an accident/incident and are these rehearsed?

Please Select From...		
☐ Not Applicable	☐ Not Met	☐ Partially Met
☒ Fully Met		
Guidance		Comments
Provide evidence of a contingency plan, where biological incidents are referenced.		
Remedial Actions	Action To	Due Date

3.20 Does the Department use the University Accident/Incident reporting procedure?

Please Select From...		
☐ Not Applicable	☐ Not Met	☐ Partially Met
☒ Fully Met		
Guidance		Comments
If not, please explain why.		
Remedial Actions	Action To	Due Date

3.21 How does the Department plan so as to ensure that equipment is safe and compliant with legislation? How is the status of equipment (safe, operable/unsafe, non-operable) conveyed to users?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Provide description of procedure.		
Remedial Actions	Action To	Due Date

(C) CHECK: Measuring Performance
4.1 Is there a schedule/programme of inspections within the Department? Are these active/being carried out? Are these documented?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Provide schedule of inspections to be carried out over the next 12 months.		
Remedial Actions	Action To	Due Date

4.2 Has the BSO attended the BSO event and have they submitted the Annual Biological Safety Questionnaire?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Comments		
Remedial Actions	Action To	Due Date

4.3 Does the Department keep records of accident, ill health and near misses within the Department relating to work with biologicals? How is the information gathered used to improve safety performance?

Please Select From...		
Not Applicable ▢ Fully Met	Not Met ▢	Partially Met ▢
Guidance		Comments
Describe procedure.		
Remedial Actions	Action To	Due Date

4.4 How does the Department monitor worker registration with the Occupational Health Service?

Please Select From...		
Not Applicable ▢ Fully Met	Not Met ▢	Partially Met ▢
Guidance		Comments
Describe process.		
Remedial Actions	Action To	Due Date

4.5 Does the Department have a good Health & Safety culture? How does it encourage the need for a good and growing safety culture?

Please Select From...		
Not Applicable ▢ Fully Met	Not Met ▢	Partially Met ▢
Comments		
Remedial Actions	Action To	Due Date

4.6 How are training needs identified for staff/students/visitors/contractors?

Please Select From...		
☐ Not Applicable	☐ Not Met	☐ Partially Met
☒ Fully Met		
Comments		
Remedial Actions	Action To	Due Date

(D) ACT: Monitoring and Review
5.1 Following a Biological Safety Inspection, how do you capture the actions and review progress through to completion?

Please Select From...		
☐ Not Applicable	☐ Not Met	☐ Partially Met
☒ Fully Met		
Guidance	Comments	
Describe procedure and provide an example.		
Remedial Actions	Action To	Due Date

5.2 Is there documented evidence that advised actions given, following inspections, are followed through and completed?

Please Select From...		
☐ Not Applicable	☐ Not Met	☐ Partially Met
☒ Fully Met		
Guidance	Comments	
Provide documented evidence.		
Remedial Actions	Action To	Due Date

5.3 Have all outstanding actions following an accident/incident been carried out? In particular, needlesticks; breakage of culture flasks etc.

Please Select From...		
Not Applicable ▢ Fully Met	Not Met ▢	Partially Met ▢
Guidance		Comments
Provide examples of incident reports relating to biologicals that also show that recommendations/issues have been dealt with.		
Remedial Actions	Action To	Due Date

5.4 Are workers aware of contingency arrangements in the event of equipment breakdown or incident?

Please Select From...		
Not Applicable ▢ Fully Met	Not Met ▢	Partially Met ▢
Guidance		Comments
Describe how awareness is raised.		
Remedial Actions	Action To	Due Date

(E) Physical Inspection Questions and Observations
6.1 Are hand/eye wash facilities available and suitable?

Please Select From...		
Not Applicable ▢ Fully Met	Not Met ▢	Partially Met ▢
Comments		
Remedial Actions	Action To	Due Date

6.2 Are there hand wash sinks available near the exit from the laboratory?

Please Select From...		
☐ Not Applicable ☒ Fully Met	☐ Not Met	☐ Partially Met
Comments		
Remedial Actions	Action To	Due Date

6.3 Are all working areas adequately demarcated from 'clean' or write up areas?

Please Select From...		
☐ Not Applicable ☒ Fully Met	☐ Not Met	☐ Partially Met
Comments		
Remedial Actions	Action To	Due Date

6.4 Is there evidence of food/drink in laboratory areas?

Please Select From...		
☐ Not Applicable ☒ Fully Met	☐ Not Met	☐ Partially Met
Comments		
Remedial Actions	Action To	Due Date

6.5 Is laboratory coat storage suitable and in an appropriate place?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Comments		
Remedial Actions	Action To	Due Date

6.6 Is there suitable safety signage on laboratory entrances and equipment, where applicable?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Comments		
Remedial Actions	Action To	Due Date

6.7 Are laboratory facilities adequate: Bench surfaces? All gaps sealed? Any bare timber? Are floors in good condition?

Please Select From...		
Not Applicable	Not Met	Partially Met
Fully Met		
Comments		
Remedial Actions	Action To	Due Date

6.8 Is the waste in the laboratory contained appropriately prior to deactivation?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Comments		
Remedial Actions	Action To	Due Date

6.9 Are sharps/pipettes disposed of in the correct manner?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Comments		
Remedial Actions	Action To	Due Date

6.10 Is appropriate PPE available/used?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Comments		
Remedial Actions	Action To	Due Date

6.11 Are the fume cupboards/MSCs/other in good condition? Has the LEV been tested within the last 12 months?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Comments		
Remedial Actions	Action To	Due Date

6.12 Is there a Departmental plan for replacing old equipment?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Comments		
Remedial Actions	Action To	Due Date

6.13 Is there evidence of good housekeeping in the Laboratory?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
No plants, cuddly toys, messy/dirty benches. Tidy sink areas.		
Remedial Actions	Action To	Due Date

6.14 Is access to building/lab(s) restricted?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Guidance		Comments
Look for card/entry locks or restricted access signs.		
Remedial Actions	Action To	Due Date

6.15 Is gas and croygen monitoring equipment in place and operational?

Please Select From...		
Not Applicable Fully Met	Not Met	Partially Met
Comments		
Remedial Actions	Action To	Due Date