



**Short form for additional labs
Self-Inspection 2020
Biosafety Containment Level 2 Requirements
To be verified at an Inspection by Biohazard Committee Members**

Containment requirements of the "Canadian Biosafety Standard", 2nd Edition, 2015, published by the Public Health Agency of Canada (PHAC) and Queen's University policies.

- ***This checklist is to be used for additional biohazard containment level 2 labs after a full checklist has been filled out for the main CL2 lab. Using this short form avoids repetition of questions about procedures and training that are likely the same for all labs supervised by one Principal Investigator. If there are differences please indicate them on the form.***
- ***Question numbering is not sequential because numbering from the full length form is retained.***
- ***Answer each question prior to the inspection by ticking N/A, Yes or No, and present the completed form to the inspectors when they arrive.***

Investigator: _____ Secondary Biohazard Contact: _____ Person completing self-audit: _____

Building & Room # _____ Biohazard Containment Level _____

Biohazard Committee Inspection Team: _____

Signatures: _____ Inspection Date: _____

Comments for the attention of the lab and/or the University Biosafety Officer: _____

Abbreviations: N/A, not applicable, **Yes**, compliance; **No**, compliance lacking; **VI**, Inspectors Verified at Inspection; **CL2**, required only in CL2 or 2+ lab; CBS requirement number from Canadian Biosafety Standard, 2nd Edition. **Where the containment level is not indicated, the requirement applies to all biohazard labs.**

Item #	CL2 or 2+	Item	Compliance						
			N/A	Yes	No	VI			
1. Biohazardous Material Information									
1.1		What are the biohazardous materials used in this lab? General types of material (as listed on biohazard sign) : _____ _____							
2. Signage									
2.1		Biosafety warning sign posted on laboratory door indicates containment level.							
2.2		Sign has <u>current</u> contact information for the supervisor and other responsible person (usually the secondary biohazard contact).							



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2.3		Sign lists types of biohazardous material (eg. RG1 bacteria (cloning strains only), RG1 bacteria (opportunistic infection risk), RG1&2 mammalian cell lines, RG2 amphotropic retrovirus).				
2.4	CL2	Are there any special provisions for entry beyond general level 2 provisions? (e.g. immunizations, health restrictions); relevant information is included on the biohazard sign on the door.				
Comment re signage:						
3. General Lab Facilities and Procedures						
3.3		Door to the laboratory kept closed.				
3.4		Lab kept clean and tidy. No cardboard boxes on the floor.				
3.5		Visual inspections of the containment zone to be conducted in order to identify faults and/or deterioration; when found, corrective actions to be taken. Lab benches, floor, equipment, etc. are in good condition, with surfaces and caulking intact, so that they can be readily decontaminated.				
3.7		<ul style="list-style-type: none"> • Emergency Plan posted in the laboratory is <u>current</u> (updated and reposted annually at the time of annual retraining) • familiar to all personnel • includes site specific information on spill clean-up, fire, and where applicable, BSC failure, animal escape, etc. 				
3.8		Eyewash <u>in accordance with containment zone activities</u> (or, depending on the hazard, eyewash in hall within 10 seconds access and no more than one door); access not obstructed; tested weekly and card initialled.				
3.9		Safety shower <u>in accordance with containment zone activities</u> within 10 seconds access time and through no more than one door.				
3.10		Sink identified for hand washing has soap and paper towels; if lab has more than one sink and if feasible then dedicate sink near lab exit for hand washing only; if hand washing sink is <u>not</u> near the exit then a sign must be posted near the exit to remind personnel to wash their hands.				
3.13		Paperwork and computers kept separate from biohazardous materials work areas. If the “desk” is on a bench beside where work with biohazards is done, without a change in the height to separate the desk area, then there is a line of tape on the bench to indicate the clean area.				
3.17	CL2	Traffic flow patterns from areas of lower contamination (i.e., clean) to areas of higher contamination (i.e., dirty) to be established and followed, as determined by a local risk assessment (LRA). CBS requirement 4.6.7 to limit the spread of contamination.				
3.18	CL2	Two-way communication system(s) to be provided inside the containment barrier that allows communication between inside the containment barrier to outside the containment zone, in accordance with function. (e.g. a phone, or a window in door to permit communication through a window (e.g. using notes and signs, or hand signals). CBS requirement 3.7.18 to facilitate response in an emergency and to reduce traffic in and out of containment zone.				



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3.18	CL2	Lids for centrifuge buckets that are aerosol resistant are used for level 2 material that is known to be infectious (e.g. blood from individuals known to be infected with a blood borne pathogen, risk group 2 infectious pathogenic bacteria and viruses). O-rings are checked routinely and replaced when they are cracked or appear dried out.				
3.19		Vacuum aspiration equipment is protected with a HEPA filter as per SOP-Biosafety-01 (available in Botterell biobar).				
3.21		Biohazard bags are supported in <u>solid</u> containers that have a biohazard symbol.				
Comment re lab facilities and procedures:						
4. Biological Safety Cabinet (BSC)						
4.1		Aware of SOP-Biosafety-03 Biological Safety Cabinets.				
4.2		Intake and rear grilles are clear of obstructions. BSC is not overcrowded and only equipment and supplies needed immediately for the work being done are in the BSC.				
4.3		Work surfaces and under front grill are clean and free of visible biological residue.				
4.4		Bunsen burners and/or open flames are not used in biological safety cabinets. Open flames are not permitted inside BSCs; consider an alternative, such as an electrical bacticinerator.				
4.5	CL2	Biosafety Cabinet located away from high traffic areas, doors, and air supply/exhaust diffusers?				
4.6	CL2	Procedures to be followed to prevent the inadvertent spread of contamination from items removed from the BSC after handling infectious material or toxins. (i.e. everything surface decontaminated before being removed from the BSC)				
4.7	CL2	BSC used for procedures that may produce infectious aerosols and that involve high concentrations or large volumes, (unless a risk assessment in consultation with the University Biological Safety Officer/Biohazard Committee has indicated otherwise).				
4.8	CL2	BSCs to be certified upon initial installation, annually, and after any repairs, modification, or relocation. Date for next annual BSC certification: _____				
Comment re BSC:						
5. Personal Protective Equipment						
5.3		Lab coat stored separately from street clothing and not on top of each other on hooks.				
5.8		Suitable eye and face protection when required (check availability of goggles &/or face shield).				
5.10		Gloves worn for work with infectious agents, toxins, blood and other potentially biohazardous material (check availability).				
5.15	CL2	A written donning and doffing procedure for the particular PPE worn in your laboratory must be developed and posted. See Queen's Biosafety Manual 2017 page 64-66 for an example.				
Comment re PPE:						



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6. Storage, Decontamination and Disposal						
6.3		Decontamination to be performed with a disinfectant effective against the pathogen(s) in use, or a neutralizing chemical effective against the toxin(s) in use, at a frequency to minimize the potential of exposure to infectious material or toxins. (Disinfectant available in this lab?)				
6.10		Bench coat (paper backed with plastic) may be used to contain hazardous material. If used it is changed regularly & not taped to benches.				
6.11		Contaminated sharps are placed in an approved labelled puncture-proof disposable container for decontamination.				
Comment re storage, decontamination & disposal:						
7. Training						
Comment if different for work in this lab compared to the full length form:						
8. Medical Surveillance						
8.3		Any specific immune-surveillance or incident response info required and posted? E.g. if human blood, tissues or bodily fluids are used, the lab is aware of SOP-Biosafety-08; has posted the first aid response to an exposure incident and a map to KGH Emergency and contact information for Walsh and Associates OHS				
Comment re medical surveillance:						