**Instructions:**

1. Using the checklist below, please 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. Please sign and date the completed checklist.
3. If you have any questions, please contact the IBBC secretariat via email: [**ibbc@upm.edu.my**](mailto:ibbc@upm.edu.my)

|  |  |
| --- | --- |
| **Date :** |  |
| **Conducted by :** |  |
| **Principal Investigator (PI) :** |  |
| **Faculty / Institute / Centre :** |  |
| **Department :** |  |

**CONTAINMENT LABORATORY – BIOSAFETY LABORATORY LEVEL 3 (BSL 3)**This checklist is used in addition to the Biosafety Laboratory Level 2 and Biosafety Laboratory Level 3 checklist

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **FACILITY** | **YES** | **NO** | **N/A** | **COMMENTS** |
| A. | Laboratory separated from unrestricted traffic flow in building |  |  |  |  |
| B. | Access to laboratory through an anteroom with self- closing doors |  |  |  |  |
| C. | All penetrations in laboratory sealed or sealable for decontamination |  |  |  |  |
| D. | Room exhaust air single-pass and exhausted away from occupied areas |  |  |  |  |
| E. | Controlled ventilation system to monitor directional airflow available |  |  |  |  |
| F. | Air recirculated into the containment laboratory must be HEPA filtered |  |  |  |  |
| G | Audible or clearly visible alarms for engineering controls available with a proper back up plan |  |  |  |  |
| H. | A dedicated autoclave is available and certified annually |  |  |  |  |
| I. | Vacuum line has filters and traps |  |  |  |  |
| J. | Backflow prevention to water supply |  |  |  |  |
| K. | Surfaces of floor, walls and ceilings should be easily cleaned |  |  |  |  |

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| **2.** | **ADMINISTRATIVE CONTROL** | **YES** | **NO** | **N/A** | **COMMENTS** |
| A. | Controlled access to authorized and trained personnel (e.g. Card key access or CCTV) |  |  |  |  |
| B. | Competency training program available on BSL3 practices |  |  |  |  |
| C. | Appropriate and adequate personal protective equipment available |  |  |  |  |
| D. | Medical surveillance program implemented |  |  |  |  |
| E. | Appropriate material inventory system available |  |  |  |  |
| F. | All infectious agents and materials secured (e.g. freezers are lockable) |  |  |  |  |

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| **3.** | **PERSONAL PROTECTION** | **YES** | **NO** | **N/A** | **COMMENTS** |
| A. | Closed-front gowns worn in laboratory |  |  |  |  |
| B. | Protective laboratory clothing worn only in laboratory areas |  |  |  |  |
| C. | Double gloves worn when handling infectious material, potentially contaminated equipment and work surfaces |  |  |  |  |
| D. | Respiratory protection worn by all personnel in the laboratory when aerosols are not safely contained in a BSC |  |  |  |  |
| E. | Sink with foot operated pump , elbow or automatically controlled faucet provided near exit |  |  |  |  |

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| **4.** | **PRACTICES** | **YES** | **NO** | **N/A** | **COMMENTS** |
| A. | Face shield provided when working with infectious material outside a BSC |  |  |  |  |
| B. | Personnel advised of special hazards associated with the agent(s) |  |  |  |  |
| C. | Personnel required to read and follow all instructions on practices and procedures, including safety or operations manual |  |  |  |  |
| D. | Personnel receive annual updates/additional training for procedural changes |  |  |  |  |
| E. | All contaminated waste autoclaved prior to disposal |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **8.** | **LABORATORY BIOSECURITY** | **YES** | **NO** | **N/A** | **COMMENTS** |
| A. | A qualitative risk assessment been performed to define risks that a security system should protect against |  |  |  |  |
| B. | Acceptable risks and incidence response planning parameters been defined |  |  |  |  |
| C. | The facility including storage areas for infectious material are securely locked when unoccupied |  |  |  |  |
| D. | Doors and windows are intrusion proof |  |  |  |  |
| E. | Access to rooms, equipment and materials appropriately controlled and documented |  |  |  |  |
| F. | Facility is equipped to withstand known natural disasters |  |  |  |  |

Note: N/A – Not Applicable; BSC - Biosafety Cabinet; HEPA - High-efficiency particulate air

**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)*