Inspection Checklist: Biosafety Level 2 (Nursery/Greenhouse)

υep	artment of Biosafety, Ministry of Natural Resource	es and Environment					
Applicant/JBK Ref No.:		Inspector:					
Premise: Principal Investigator:		Date: Time:					
per	formed.						
A. P	lant Facilities		Yes	No	NA	Details/Comment	
1.	Is a universal biohazard symbol for BSL 2 posted	at the entrance of	100		1021		
	the plant facility? Does the signage include nam						
	number of the laboratory supervisor or other res	•					
	personnel?	•					
2.	Is a signage posted indicating that a contained ea	xperiment is in					
	progress? Does the signage indicate the following: (i) the name of						
	the responsible individual, (ii) the species in use	(and common					
	name), and (iii) any special requirements for using	ng the area?					
3.	Is a dedicated hand basin with/without hands-fro	ee operation type					
	provided within plant facilities?						
4.	Are all surfaces easily cleanable in accordance w	ith the					
	requirements for research and maintenance of h	nealthy plants?					
5.	Are the walls and roof constructed of impact and	d weather resistant					
	materials are maintained in good condition?						
6.	Is the plant facility floor composed of impervious	s material?					
7.	If the plant facility has windows and other openi	ngs in the walls					
	and roof that open for ventilation, are they fitted	d with fine					
	screens?						
8.	If intake fans are used, are measures taken to m	inimize the ingress					
	of arthropods (Louvers shall be constructed)?						
9.	Is there a good housekeeping in the plant facility	1?					
10.	If the plant facility is isolated unit, is there any an and exit?	nteroom for entry					
11.	Sticky mats/footbath						
B. Safety Equipment			Yes	No	NA	Details/Comment	
12.	Is a liquid and solid waste treatment system in p	lace to prevent					
	escape of viable plant material and microorganis	sm into the					
	environment?						

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Department of Biosafety, Ministry of Natural Resources and Environment 13. Is an autoclave available for the treatment of contaminated plant materials? C. Personal Protective Equipment (PPE) Yes No NA **Details/Comment** 14. Are suitable PPE available relevant to the hazard on the plant facility and used by plant facility personnel? 15. Are covered shoes/foot cover used in the plant facility? 16. Is reusable clothing appropriately contained and decontaminated before being laundered? 17. Are disposable PPE and other contaminated waste appropriately contained and decontaminated prior to disposal? D. Work Practices Yes No NA Details/Comment 18. Are materials containing experimental microorganisms, which are brought into or removed from the greenhouse facility in a viable or nonviable state, are transferred in a closed non-breakable container? 19. Is access to the plant facility limited to authorised personnel? 20. Is SOPs for emergency response in place and are staffs trained on these procedures? 21. Is there a pest control program in place? 22. Is there any Biosafety Manual in the plant facility? 23. Are animals and plants not associated with the work found in the plant facility? 24. Are all waste plants, tissues, soil, soil substitutes and the containers decontaminated before disposal? 25. Is biological containment (e.g. bagging the soils) practiced? 26. Are non-GM plants (e.g. ornamental plants) grown outside or close to the facility? 27. Are the researchers doing non-GM works in the GM facility? E. Records and Documents For: 28. Procurement and transfers of Plant material/LMO 29. Plant material /LMO inventory 30. SOPs for plant facility activity

LAMPIRAN 2

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Department of Biosafety, Ministry of Natural Resources and Environment								
31. Staff training and competency								
32. Equipment maintenance								
33. Decontamination and validation								
34. Incident/accident/plant facility exposure								
35. Logbook user of plant facility/equipment								
36. Display of the acknowledgement of approval (plus terms and conditions imposed by the Board) on the premises wall received from NRE?								
Additional comments/observations and recommendation:								
Inspector's Signature:								
Date:								