

Applicant/JBK Ref No.:	Inspector:
Premise:	Date:
Principal Investigator:	Time:

Check (✓) in the appropriate box that best describes the laboratory in which work will be performed.

A. Aquatic Facilities		Yes	No	NA	Details / Comment
1.	Is a universal biohazard symbol for BSL 1 posted at the entrance of the aquatic facility? Do the sign include name, and phone number of the facility's supervisor or other responsible personnel?				
2.	Is the rearing area confined and secured within the building?				
3.	Is the work on GM aquatic organisms performed in natural waterways?				
4.	Are all effluent water leave the facility through a common drain?				
5.	Are there any screens / filter in the common drain? How many screening of filters installed?				
6.	Are the screens / filters regularly cleaned?				
7.	Are the building sufficiently elevated to preclude flooding?				
8.	Are there any screens or filters fitted to outlets used for disposal of tank water?				
9.	Is there any sink for hand washing located within the facility?				
B. Safety Equipment		Yes	No	NA	Details / Comment
10.	Is there first aid kit available?				
11.	Are suitable PPE available and used by laboratory personnel?				
12.	Is there any storage equipment to keep GM materials (example refrigerator)				
13.	Are the equipment is regularly maintained?				
C. Work Practices		Yes	No	NA	Details / Comment
14.	Is the facility limited to authorized personnel only? Is it regularly locked?				
15.	Is there any biosafety manual describing the aquatic facility practices in the Standard				

Inspection Checklist: Biosafety Level 1 (Aquatic Facility)

Department of Biosafety

	Operating Procedure (SOP)?				
16.	Is there a signage available for prohibiting from eating, drinking, smoking, handling contact lenses, applying cosmetics, and storing food for human consumption within the facility area?				
17.	Are Personal Protective Equipment, PPE such as gloves, protective clothing and footwear are worn by the facility personnel at all times?				
18.	Are all personnel handling the GM aquatic wash their hands after removing gloves and before leaving the facility?				
19.	Are the LMO and non-LMO aquatic organism separated into containers?				
20.	Are the containers clearly labelled?				
20.	Are all organisms and contaminated waste rendered inviable prior to disposal?				
21.	Are the tank water used for work with LMO being treated before disposal or cleaning for reuse?				
22.	Are the tanks being decontaminated after use by a procedure?				
23.	Are the work surfaces been decontaminated using appropriate disinfectant?				
24.	Are there any living aquatic taken out from the facility?				
25.	Are leak proof containers used during transportation GM aquatic organism?				
26.	Is there any record of accident / incident of leak containers during transportation?				
27.	Is there any effective pest regulated program in the facility?				
28.	Are sharp instruments used within the facility are properly cleaned and disinfected?				
29.	Is a sharp bin available for disposal of and all syringes /needles/ sharps?				
30.	Is there a biological spill kit available?				
31.	Are laboratory wastes segregated into dedicated waste bins and labelled properly?				
D. Records and Documents For :		Yes	No	NA	Details / Comment
32.	Procurements and transfers of GMO/LMO				

*This checklist is derived from *Biosafety Guidelines: Contained Use Activity of Living Modified Organism*

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33.	Biological material / LMO inventory				
34.	SOPS for contained use activity				
35.	Staff training and competency				
36.	Equipment maintenance				
37.	Decontamination and validation				

Additional comments/observations and recommendation :

Inspector's signature:

Date: