Department of Biosafety

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

Check ( $\sqrt{\ }$ ) in the appropriate box that best describes the laboratory in which work will be performed.						
Α.	Arthropod Facilities	Yes	No	NA	Details / Comment	
1.	Is a universal biohazard symbol for BSL 1 posted at the entrance of the arthropod facility? Do the sign include name, and phone number of the facility's supervisor or other responsible personnel?					
2.	Do the insectarium located out of flow of general traffic?					
3.	Is the walls of the facility painted in white or bright in color?					
4.	Are the door openings covered with rigid panels such as glass, screens, plastic sheets or cloth to minimize arthropods entry / escape?					
5.	Are windows in the facility covered with mesh or screens to prevent escape of smallest arthropods?					
6.	Are air-conditioning vents covered with suitable sized mesh?					
7.	Are there any suitable electric insect control unit in place?					
8.	Are any other materials unrelated to arthropod rearing and experimentation located in the facility?					
9.	Is there a sink located within the facility for hand washing?					
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?					
14.	Is there a fume hood for working with					

<sup>\*</sup>This checklist is derived from *Biosafety Guidelines: Contained Use Activity of Living Modified Organism* 

Department of Biosafety

	hazardous chemicals?				
C.	Work Practices	Yes	No	NA	Details / Comment
15.	Is there any biosafety manual describing the arthropod facility practices in the Standard 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 in the lab?				
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 arthropods wash their hands after removing gloves and before leaving the facility?				
19.	Are arthropods and LMA kept in separate containers?				
20.	Are all arthropods kept in suitable container? Are they all clearly labeled with species, strain/origin, date of collection, responsible investigator and a central logbook arthropods stocks kept in the facility?				
21.	Are the work surfaces clean and disinfect with disinfectant regularly?				
22.	Are cages and containers regularly cleaned?				
23.	Are all arthropods are rendered inviable prior to disposal?				
24.	Are there any living arthropods taken out from the facility?				
25.	Are arthropods autoclaved or incinerate in each of their life stages prior disposal?				
26.	Is there any pest regulated program to prevent non target arthropods?				
27.	Are sharp instruments used within the facility are properly cleaned and disinfected?				
28.	Is a sharp bin available for disposal of and all syringes /needles/ sharps?				
29.	Is there a biological spill kit available?				
30.	Are laboratory wastes segregated into dedicated waste bins and labelled properly?				

<sup>\*</sup>This checklist is derived from *Biosafety Guidelines: Contained Use Activity of Living Modified Organism* 

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31.	Is there any incident/accident/arthropods exposure reporting system in place?				
32.	Are there any medical surveillance program in place for the facility personnel? (example Hepatitis B vaccination)				
D.	Records and Documents For :	Yes	No	NA	Details / Comment
33.	Procurements and transfers of GMO/LMO				
34.	Biological material / LMO inventory				
35.	SOPS for contained use activity				
36.	Staff training and competency				
37.	Equipment maintenance				
38.	Decontamination and validation				
Addition	onal comments/observations and recommendation	:			

Inspector's signature:

Date: