

Version 3.0

Written by:

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## **Laboratory Inspections Procedure SOP**

At the direction of the Safety Management Committee (SMC) the laboratory inspection and audit process has been reviewed. The Principal Investigator (PI) will remain responsible for inspections of their own laboratories which will be documented to enable suitable auditable, traceable, and trackable records. The Head of Institutes as Line managers will remain responsible to ensure that the safety inspections by the PI and associated action plan are appropriately documented and managed. In this the Head of Institute will provide a paper to the local Health & Safety Committee meetings informing of laboratories in their area of control and the number of laboratories inspected complete with a summary of matters raised. In this respect local Health and Safety Committees will provide a paper detailing a summary of labs inspected associated with an action plan to SMC

The SHE office will undertake thorough independent audits of a minimum of 6 laboratories a year, 4 of which will be Containment level 2 (CL2). The SHE audits will be a combination of planned scheduled audits and unannounced audits.

Research Operations will continue to lead the inspections of CL3 laboratories on a 6-monthly basis.

### **Guidelines for PIs:**

1 – The PI or their delegate should carry out annual laboratory inspections of each laboratory they occupy.

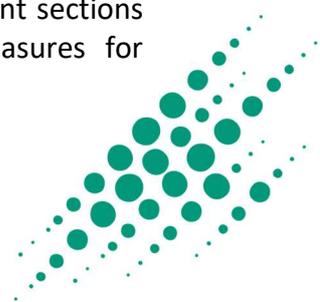
2 – As part of the annual laboratory inspection, PIs should make sure that all laboratory health and safety documents are available to their staff and other lab users and that they are up to date. Documents to review should include:

- a. Copies of all relevant risk assessments.
- b. COSHH risk assessments.
- c. Codes of practice (e.g., Laboratory Rules) and related SOPs.

A list of staff working in the lab and their positions should be displayed on laboratory access point.

3 – On the day of the inspection, the PI or their delegate should:

- a. Complete the check list (see attached Excel sheet) and identify areas where improvements should be implemented.
- b. PIs must include any communal areas that they use in their inspection.
- c. Issues found during the inspection should be formally reported to relevant sections (Estates, Research Operations or SHE office) to enable suitable measures for improvement.



d. The PI remains responsible for ensuring that remedial actions are undertaken in an appropriate time-period.

4 – The inspection report coupled with the associated plan of action must be sent to the Research Institute Managers (RIMs) who will check that the inspection has been carried out and will share the information with Institute H&S Committees and SMC.

5 – Head of Institutes will send PIs that do not conduct their inspections a reminder and non-compliance will be escalated to SMC by the local Health and Safety committee.

6 – Institutes should check documentation/spot check laboratories to ensure H&S compliance.

7 – The SHE office will prepare and present a report of the findings both positive and negative points of the laboratory audits undertaken by the SHE office to SMC.

