

APPENDIX A: LAB COMMISSIONING NOTIFICATION & VERIFICATION FORM

| Details of Academic Supervisor | | | | | |
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| Name | Contact No. (office) | Designation | | | |
| Department/Organization/Institution | Location of laboratory/workshop | Email | | | |
| Key Contact Person of Laboratory/Workshop (i.e. LO,RF,RA) Name | | Contact No.: | | | |
| <input type="checkbox"/> New Laboratory/Workshop Space (new constructed or renovated laboratory/workshop) <input type="checkbox"/> Occupancy (take over existing laboratory/workshop space from another Academic Supervisor) Remarks _____ _____ | | | | | Notification Date: |
| | Items | Yes | No | NA | Comments |
| Security | | | | | |
| <i>Academic Supervisor to conduct an assessment and ensure the relevant security controls have been identified</i> | | | | | |
| 1 | Access to laboratory/workshop is secure and functioning. (Lock and key, card access system etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| General Safety & Health | | | | | |
| <i>Academic Supervisor to conduct risk assessments to determine the relevant sections below and implement controls for general housekeeping and labelling.</i> | | | | | |
| 2 | Risk assessments have been conducted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Appropriate Personal Protective Equipment have been identified and provided for: <ul style="list-style-type: none"> • Eye protection (safety glasses, goggles/laser goggles, face shield) • Gloves (gloves against chemical and biological hazards, thermal resistant gloves) • Body protection (Lab coat, apron/lead apron) • Respiratory protection (N95, gas cartridges) • Hearing protection (ear plugs, ear muffs) • Foot protection (safety boots/shoes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Heavy items are stored on lower shelves. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | Items stored on top of shelves have a distance of at least 50 cm clearance from the sprinkler. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Laboratory/Workshop notice displaying the various safety hazards and PPE requirements is posted at the entrance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Eating and drinking prohibition signage is posted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Food storage prohibition signage is posted on refrigerator door(s). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| 9 | Hangers/ hooks for lab coats are available. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Waste bins / bags / carboys / sharp bins are available for proper waste segregation and disposal. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | Inventory records for hazardous materials are available: a) Regulated chemicals b) Biological materials (including all lentivirus vectors) c) Radioactive materials | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Laboratory/Workshop Equipment | | | | | |
| Academic Supervisor to conduct risk assessments and implement controls to manage laboratory/workshop hazards (i.e. biological, chemical, radiation, mechanical and electrical hazards) | | | | | |
| 12 | These equipment have been certified, tested or examined: • Fume hood • Biosafety Cabinet (BSC) • Glovebox • Pressure vessel e.g. autoclaves • Other statutory equipment e.g., lifting equipment or machine • UPS system | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 13 | Cryogenic storage containers are kept in well ventilated places (i.e. not to be kept in cold rooms) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14 | Equipment have the relevant warning labels. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Biological Safety (<input type="checkbox"/> NA) | | | | | |
| BSL level – BSL1 / BSL2 / BSL3 / Others | | | | | |
| 15 | Applicable licences/permits/approvals have been obtained for regulated biological agents (under BATA), RG2 veterinary biologics, GMOs, arthropods and lab animals, and are valid. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16 | Biosafety cabinets are available for use where there is a potential for generating aerosols when handling biological samples. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17 | Centrifuge safety cups are available for use in BSL2/BSL3 laboratory. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18 | HEPA filter is available in the vacuum line of a vacuum flask in BSL2 laboratory. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19 | Biological samples are labelled properly and stored in a secure place. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chemical Safety (<input type="checkbox"/> NA) | | | | | |
| 20 | Chemicals are kept in appropriate storage cabinets (e.g. Acids and Bases in separate Corrosive Cabinets & Flammables in Flammable Safety Cabinets) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21 | Controlled substances are kept under log, lock & key (e.g. poisons, controlled drugs, explosive precursors, NACWC chemicals) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| 22 | Flammable liquids and gases are kept within the maximum allowable limit (MAQ) <i>Indicate the MAQ (_____)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23 | Flammable liquids are not stored near ignition sources. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24 | Chemical bottles/containers are in good condition and labelled (e.g. identity of chemical, GHS label). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25 | Each gas cylinder is marked with the identity of its contents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 26 | Gas cylinders are secured and chained (chain or strap) so that they will not tip over or topple. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27 | Semi-quantitative risk assessment (SQRA) has been conducted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Radiation Safety (<input type="checkbox"/> NA) | | | | | |
| 28 | Licences are available and valid. (R1 / L2 / L3 / L4 / L5 / L6 / N2 / N3 / Others) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29 | Hazard warning signage/label is available: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Entrance of work area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Ionising radiation label at work area and on materials / equipment / tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • MRI warning label at work area and on materials / equipment / tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Laser radiation warning labels on laser systems or machines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 30 | Controls are in place to manage exposure: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Shielding for ionizing radiation / MRI work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • TLD badge for exposure monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Detector, Scintillation counters for contamination monitoring and calibration records are available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31 | • Appropriate laser safety barriers such as curtains, screens, beam stops, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Radioactive materials/waste are stored appropriately, properly shielded, labelled and secured. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mechanical and Electrical Safety | | | | | |
| 32 | Rotating equipment parts are appropriately guarded. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 33 | No overloaded electrical outlets, no daisy-chaining. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 34 | Cords are not placed in pathways or other areas which obstruct pathways/pose tripping hazards (i.e. taped down, covered) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 35 | Plugs, cords and outlets are in good condition. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 36 | Plugs are suitable for local use (e.g. CE mark, safety mark logo) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Emergency Preparedness | | | | | |
| <i>Academic Supervisor to identify emergency response equipment required and ensure their operability.</i> | | | | | |

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| 37 | Emergency telephone numbers are posted near entrances. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 38 | Installation, access and visibility of the following safety equipment is adequate: <ul style="list-style-type: none"> • Safety shower • Eye wash • Emergency exit • Fire call point • Firefighting equipment (e.g. fire extinguisher, fire blanket, sprinkler system) <i>(ensure safety shower and eye wash is made live)</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 39 | Installation, access and visibility of the following specialized safety equipment/system is adequate: <ul style="list-style-type: none"> • First aid box • Spill response kit • Fixed/portable gas detection and alarm system • Room emergency purging system • Others (please specify) _____ <i>(ensure gas detection system, room emergency purging System, auto extinguishing system is made live)</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 40 | Inspection tags and signages for relevant Emergency / specialised safety equipment are present. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Additional items which will be used/stored in near future?
(biological agents, chemicals, radioactive materials, equipment etc.)

Confirmation by Academic Supervisor

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| <p>_____</p> <p style="text-align: center;">Name and Signature of Academic Supervisor</p> | <p>_____</p> <p style="text-align: center;">Date</p> |
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| S/N | Follow-up Action | Completion date |
|-----|------------------|-----------------|
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Verification by Safety and Health Officer

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| <p>_____</p> <p style="text-align: center;">Name</p> | <p>_____</p> <p style="text-align: center;">Signature</p> | <p>_____</p> <p style="text-align: center;">Date</p> |
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