To be completed by PPQ Official only

INSPECTION CHECKLIST / REPORT FOR MEDIUM SECURITY PLANT PATHOGEN CONTAINMENT FACILITY

Containment Facility Director:
Institution:
Street Address:
City: State: Zip Code:
Telephone: Fax:

USDA APHIS PPQ Inspector:
Address:
City: State: Zip Code:
Telephone: FAX:

State Inspector:
Address:
City: State: Zip Code:
Telephone: FAX:

Date of Inspection:

(Please explain your answers in the notes section)

I. FACILITY DESIGN STANDARDS

A. **Demarcation.** Is the facility clearly recognized as a secure structure? Identify any agricultural zones, environmentally sensitive areas, high risk microclimates (e.g.. known flood zones) or other high-risk areas nearby. Are signs posted at the entrances stating USDA-APHIS Inspected Containment Facility - Authorized Personnel Only?

Notes:

B. **Floor plan.** Is the floor plan of the facility designed to efficiently and safely enclose the organisms while allowing secure entry and exit of personnel? Include a drawing of the floor plan.

Notes:

C. Are the **walls, ceilings and floors** of the facility constructed to form a sealed internal shell that is impenetrable to the contained organisms but can withstand repeated cleaning?

Notes:

D. **Windows.** Are windows in the facility impenetrable to the enclosed organisms?
Notes:

E. **Doors.** Are exterior doors locked, or is the facility a locked building designed to secure the facility from unauthorized entry as well as escape of contained organisms?

Notes:

F. **Heating, Ventilation, and Air-conditioning (HVAC).** Is the HVAC system designed to prevent escape of contained organisms through air movement? (This is applicable only when the organism has spores or vectors that may become airborne.)

Notes:

G. **Benches, Tables, Furniture.** Are the benches, tables, and other furniture within the facility easy to inspect and clean?

Notes:

H. **Specialized Equipment.** Does the facility have a laminar flow hood with HEPA filters or a Biosafety cabinet? What type of Biosafety cabinet? List the Manufacturer and the Model. List the date that the equipment was last inspected or certified? Does the facility have growth chambers, are they within the containment area? Are they kept locked, or are they in a locked area which is accessed by authorized personnel only?

Notes:

I. **Sterilization.** Does the facility contain sterilization or decontamination equipment sufficient to kill the organisms to be contained?

Notes:

J. **Electrical.** Does the electrical system maintain containment features under normal and emergency situations and is it sufficiently sealed to prevent the escape of any contained organism?

Notes:

K. **Vacuum System.** If the facility uses a vacuum system, does it prevent the escape of the contained organism?

Notes:

L. **Communication System.** Does the facility have a communication system to enable verbal communication between inside and outside the facility to reduce the frequency of personnel and equipment entering and leaving the facility?

Notes:

M. **Plumbing system.** Is the plumbing system designed to prevent the escape of contained organisms?

Notes:

II. OPERATIONAL PERFORMANCE STANDARDS

A. **Containment officer or director**. Does the containment officer maintain a copy of the Standard Operating Procedures (SOP) Manual for the facility and train employees in the SOPs? **Include a copy of the facility SOP's with submission of this checklist**.

B. **Authorized Personnel.** Is access to the facility restricted to authorized personnel to guarantee security of the facility? What procedures are used for visitors?

C. **Inspection of Personal Apparel.** How do employees and visitors handle personal apparel to minimize the risk of organism escape within the facility?

D. **Personal cleanliness**. Do employees and visitors inspect clothing, shoes, and hair before leaving the containment area to minimize the risk of accidentally carrying organisms from the facility?

E. **Surface Decontamination.** Do employees use effective procedures to decontaminate and disinfest all equipment and materials used in the facility?

F. **Incoming Shipments.** Is there an established area to open packages received from foreign sources? Do employees autoclave or incinerate packing materials immediately after the removal of specimens? Are organisms stored in appropriate containers to prevent their escape within the facility?

G. **PPQ Regulatory Requirements**. Do employees understand and follow the requirements listed in the conditions of permits for organisms kept at the facility? (Go over the conditions of permit with the personnel.)