CHECKLIST: DAFF APPROVAL

LABORATORY:			**DAFF NO:**
Lab Representative:			
DAFF Auditor(s):			
Date:			
No	**REQUIREMENTS**	**C/ NC/ NA** (conformance/ non-conformance/ not applicable)	**COMMENTS**
1.	**DATA CONTROL AND RECORDS**		
1.1	**Control of Non-Conformances and Corrective Actions**		
1.1.1	Are records available for addressing and clearing non-conformances and corrective actions?		
1.2	**Computer System**		
1.2.1	Does the Laboratory have a functional computer system?		
2.	**PERSONNEL / TRAINING**		
2.1	**Sufficient Staff**		
2.1.1	Is sufficient permanent and temporary staff available?		
2.2	**Education and Training**		
2.2.1	Do staff members attend workshops, seminars and conferences (records of attendance)?		
2.2.2	Is proof of registration/ authorization with SAVC available?		

3.	**FACILITIES** (accommodation and environmental conditions)		
3.1	**Environment and Accommodation**		
3.1.1	Is the laboratory environment of such a nature that it does not invalidate test results?		
3.1.2	Are all aisles and corridors free of obstruction by refrigerators, equipment, etc.?		
3.1.3	Are there sufficient clearly identified waste bins?		
3.1.4	Is there a programme for pest control?		
3.2	**Safety / Security** *Note: The OHS Act covers all statutory aspects of safety to which all Laboratories must conform.*		
3.2.1	Is the access to the Laboratory controlled?		
3.2.2	Is there a documented procedure for disposal of biohazardous waste?		
3.2.3	Is there effective separation of areas in which there are incompatible activities?		
3.3	**Safety of Personnel**		
3.3.1	Has a designated safety officer been appointed?		
3.3.2	Are inspection records of safety audits available?		
3.3.3	Are there documented policies regarding prevention of injury on duty and diseases contracted through exposure at work?		

3.4	**Fire / Emergency Evacuation Procedures**		
3.4.1	Is there sufficient firefighting equipment available, including the correct type of fire extinguisher?		
3.4.2	Are fire extinguishers service and maintenance records up to date		
3.4.3	Is there an emergency evacuation plan available?		
3.4.4	Are there adequate, clearly marked exit signs?		
3.5	**Accidents and First Aid**		
3.5.1	Are first aid facilities (properly stocked first aid box) available in the Laboratory?		
3.5.2	Are records available to demonstrate that the person in charge of first aid is suitably qualified?		
3.5.3	Are eye wash facilities available (and records to demonstrate that the liquid is regularly replaced) in the Laboratory?		
3.5.4	Is an emergency shower available in the Laboratory, with records that it is fully functional?		
3.6	**Prevention of Laboratory Acquired Infection**		
3.6.1	Are staff members working in high-risk areas offered vaccination (e.g. Rabies)?		
3.6.2	Is eating, drinking, smoking, application of cosmetic materials prohibited in the Laboratory?		

3.6.3	Is the storage of foodstuff and drinks prohibited in the Laboratory?		
3.6.4	Are hand-washing facilities (preferably hands free) available in the Laboratory?		
3.6.5	Are procedures available for daily decontamination of bench tops and equipment, as well as appropriate disinfectant?		
3.6.6	Are procedures available for handling of spills?		
3.6.7	Are procedures available for glass breakages including mercury thermometers?		
3.7	**Personal Protective Equipment (PPE)**		
3.7.1	Does the Laboratory supply laboratory coats and other PPE for all staff members as required?		
3.7.2	Are the laboratory coats disinfected and laundered on-site?		
3.7.3	If the laboratory coats are laundered by an off-site contractor are the coats appropriately decontaminated prior to collection?		
3.7.4	Are staff members prohibited from wearing laboratory coats and other protective gear outside the Laboratory?		
3.7.5	Is adequate PPE worn when working with infectious material?		

3.8	**Special Precautions**		
3.8.1	Are Biosafety cabinets used relevant to the pathogen involved?		
3.8.2	Is discarding effluent directly into the municipal waste prohibited?		
3.8.3	If effluent is discarded directly into the municipal waste is permission in place from the relevant authority?		
3.8.4	Are gas cylinders secured at all times and fixed to the wall with restraining chains and stored away from flames, heat or direct sunlight?		
3.9	**Waste Management and Handling of Hazardous Material**		
3.9.1	Are there procedures and containers available for the disposal of sharps (e.g. needles)?		
3.9.2	Is laboratory waste decontaminated (chemical / autoclave) according to the pathogen(s) involved before disposal		
3.9.3	In the case where a waste contractor is used is the contractor registered for the disposal of hazardous waste? Are appropriate waste containers available?		
3.9.4	Is the incinerator serviced regularly and functioning effectively (ash monitored)?		

3.9.5	Are records available for the incinerator including: a) Temperature and time charts b) Materials received		
3.9.6	Is permission in place from the Department of Environmental Affairs to operate an incinerator?		
3.9.7	Are the manufacturer's safety data sheets available in the Laboratory for emergency treatment purposes?		
3.10	**Storage of Chemicals**		
3.10.1	Are chemicals properly labeled and stored in a designated area (fire proof; smoke detector) with access control? Is compatibility considered?		
3.10.2	Are there documented procedures and staff training records for the safe handling of chemicals and infectious material?		
4.	**EQUIPMENT**		
4.1	Is a standby generator available for emergency power supply to the Laboratory (critical equipment)? Or for interim, is there a procedure available in case of power failure?		

5.	**EQUIPMENT QUALITY CONTROL**		
5.1	**Temperature Dependent Equipment**		
5.1.1	Are corrective measures in place if the temperature readings are not within the limits?		
5.2	**Biosafety Cabinets**		
5.2.1	Are cabinets calibrated (annually or six monthly according to the pathogen involved) and checked intermediately if still functioning correctly (e.g. smoke test)?		
6.	**REAGENTS, CONTROLS AND STANDARDS**		
6.1	Are all reagents, controls, standards and reference materials, where applicable, traceable to National or International reference materials?		
6.2	If controls, reagents and standards are expired are verification records available that they are still working?		
7.	**SAMPLES**		
7.1	**Sample Transport**		
7.1.1	Does a sample submission form accompany each sample dispatched to the Laboratory?		
7.1.2	Are samples transported in accordance with the National Road Traffic Regulations (triple packaging)?		
7.1.3	Are samples transported correctly between buildings / rooms (PM)?		

7.2	**Sample Reception**		
7.2.1	Is there a procedure for the handling of samples, including criteria for discarding unsuitable samples?		
7.2.2	Is there proper preparation of samples where long term storage is required?		
7.3	**Sample Identification**		
7.3.1	Do submission forms contain critical information and are they adequately filled in?		
8.	**TEST METHODS**		
8.1	**Selection of Methods**		
8.1.1	Is the method a recommended National or International method?		
8.2	**Method Procedure**		
8.2.1	Do the procedures contain the purpose and principle of the method?		
8.2.2	Is the type of sample, equipment, as well as reagents needed specified (including temperature, storage and preparation)?		
8.2.3	Does the procedure include quality assurance (QA) and quality control (QC)?		
8.2.4	Are safety hazards for the method identified and appropriate action/s to be taken documented?		

8.3	**Method Validation**		
8.3.1	Is the method validated and an updated report available?		
8.3.2	Is the method validated as fit for purpose to DAFF according to OIE requirements?		
Notes on method validation:			

8.4	**Quality Assurance and Quality Control**		
8.4.1	Does the Laboratory use at least TWO levels of traceable controls (positive and negative) for IQC?		
8.4.2	Do the controls give satisfactory results (e.g. certificate of analysis, standardised SOPs, etc)?		

8.5	**Reporting of Results**		
8.5.1	Does the report contain relevant information (14 points) in terms of the letter (Annex C of Procedure Manual: DAFF Approval of Veterinary Laboratories) dated 17-10-2016 from the Director Animal Health regarding reporting of test results for controlled and notifiable disease.		
8.5.2	Does the Technical Signatory review (signature) all results (excluding interpretation / diagnosis)?		
8.5.3	Are all positive results for controlled and notifiable diseases reported to the local State Vet?		
9.	**ADDITIONAL NOTES**		

DAFF Auditor /s:	Signature:	Date: