# QUESTIONNAIRE FOR A RESEARCH FACILITY

Note:

- Legislation: The Animal Diseases Act, 1984 (Act No 35 of 1984);
- This questionnaire is relevant to an application to do research in terms of Section 20 of the Animal Diseases Act 1984 (Act No 35 of 1984). The questionnaire must not be completed unless the relevant researcher has specifically been requested to provide the information relating to a facility.
- Follow up questions may be sent to the responsible person based upon information provided.
- The person responsible for the facility must sign the declaration at the end of the questionnaire.
- Standard Operating Procedures (SOP) mentioned in this document may be requested, or evaluated during a physical audit.

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| 1. Please provide the name of the institution / company that owns the facility; |
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| 2. Please provide the name of the institution where the facility is located; |
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| 3. Please provide the name and telephone number as well as e-mail address of the person responsible for the institution (e.g. in the case of a University, the Dean); |
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| 4. Provide the name of laboratory(ies) where work will be done; |
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| 5. Please provide the unique identifier (e.g. room number) for the laboratory; |
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| 6. Provide the name, designation, and contact details of the manager or person responsible for the laboratory; |
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| 7. Provide the name and contact details of Provincial State Veterinarian responsible in the area where the facility is located; |
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| 8. Indicate which people have permission to work in the facility (students, personnel, visitors from other facilities etc.); |
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| 9. Where relevant, provide proof of registration with / authorisation by the South African Veterinary Council (SAVC); |
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| 10. Provide a detailed description of work that is carried out in the facility; |
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| 11. Provide a detailed description of work that may be carried out in the facility in the future (at least next two years). It is not necessary to list all work but provide as many examples as are available; |
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| 12. If the work involved manufacturing please indicate if good manufacturing processes are in place and provide a reference number for the documentation; |
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| 13. Describe the criteria that people must comply with in order to be allowed permission to work in facility (e.g prior training, experience in working with agents etc.); |
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| 14. Describe the access control in place on premises where the facility is located (e.g is there a perimeter fence with a gate which is manned or locked when unmanned); |
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| 15. Describe the warning signage that is in place at the entrance to the facility. A photograph may also be provided instead of a description; |
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| 16. Describe the access control to gain entrance to the facility (e.g biometric fingerprint access, pin, card, etc); |
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| 17. Does the facility have windows that can be opened? |
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| 18. Does the facility have emergency power supply where work will not be interrupted in the event of a power failure? |
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| 19. Provide a detailed list of the equipment available in the facility (e.g. refrigerator; pipettes; centrifuge, biosafety cabinets including class, autoclaves, etc.)? |
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| 20. Will animal derived tissues or samples be handled in the facility? If so where will these be collected or sourced; |
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| 21. What will be done with the animal tissues or samples in the facility (provide as much detail as possible); |
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| 22. Will culturing be performed in the facility? If so please name the pathogens involved; |
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| 23. Will tests for controlled and notifiable diseases* be performed in the facility? If so name the diseases and describe the test methods; |
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| 24. Do any procedures involving manipulation of infectious material take place? If so please indicate if there is a SOP and provide the reference number for the SOP. If there is no SOP please indicate this; |
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| 25. Will any samples be stored in the facility (short and long term)? If so please describe what samples and how the samples will be stored (e.g. bio banked at -80°C, preserved in formalin etc.); |
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| 26. Will any potentially infectious material or biological agents be kept in the facility long term? If so is an inventory available and what detail is included in the inventory; |
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| 27. List the personal protective equipment (PPE) available to people working in the facility; |
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| 28. Is PPE a pre-requisite for working in the facility, or does the decision to use it or not remain the responsibly of the person using the facility? |
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| 29. Is the wearing of PPE outside the facility allowed? If not please name the SOP that states this and provide the reference number; |
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| 30. What happens to the PPE once personnel or researchers are ready to exit the facility (please provide a detailed description, if laundering happens this must also be described from the step when the person removes the item of PPE). If there is an SOP that describes this process the SOP must be named and the reference number for the SOP provided. If no SOP is in place please indicate this; |
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| 31. Describe the process that must be followed after completion of work prior to exiting the laboratory? If there is an SOP that describes this process the SOP must be named and the reference number for the SOP provided. If no SOP is in place please indicate this; |
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| 32. Are biosafety cabinets in use in the facility? |
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| 33. If a biosafety cabinet is available and in use please provide the class of cabinet, the name and reference number of the SOP that indicates frequency of services as well as interim checks and copies of the last two service certificates; |
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| 34. Is the airflow in the room controlled? (If not go to question 35) |
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| a. Describe how and where applicable provide a drawing showing the air pressure in different areas as well as points where the pressure is monitored; |
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| b. Describe how often the air flow system is verified by an accredited company; and provide the name and reference number of the SOP that supports this fact; |
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| c. Provide copies of the most recent service certificates (last two); |
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| d. Is there a SOP indicating how often the pressure is checked and whose responsibility this is? If so provide the name and reference number for the SOP; |
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| 35. List the types of waste generated within the facility and the disposal methods for each of these categories (e.g. liquid waste, biological waste, chemical waste, , etc.); |
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| 36. Provide the name and reference number for the SOP detailing disposal of the different categories of waste. If there is no SOP please indicate this; |
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| 37. Does the facility have a biosafety manual? Please provide the name and reference number of the biosafety manual; |
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| 38. How is it ensured that the biosafety manual is adopted by people working in the facility; |
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| 39. Describe the daily cleaning and disinfecting methods in the facility as well as the disinfectants used; |
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| 40. Name and provide a reference number for the SOP detailing daily cleaning and disinfecting. If there is no SOP please indicate this; |
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| 41. Describe how spills are handled? Please provide a SOP and reference number for the SOP to support this description; |
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| 42. Describe how sharps are handled? Please provide an SOP and reference number to support this; |
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| 43. How is the creation of aerosols minimised? |
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| 44. Is an autoclave available and used? |
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| a. If so what is autoclaved (provide a detailed list and not a broad description); |
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| b. Are indicators used and if so please describe and provide the SOP name and reference numbers for this; |
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| c. Indicate how frequently the autoclave is serviced and provide the SOP name and reference numbers for this; |
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| d. Please provide the most recent autoclave service certificates (last two); |
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| 45. Provide the name and reference number for the policy for prevention of injury on duty and where applicable diseases contracted through work; |
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| 46. Is there a policy regarding eyewash stations? If so please name the SOP and provide the reference number; |
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| 47. Does any material leave the facility to be moved to other laboratories (internal transport) or other institutions or premises (external transport)? If so describe how the material is packaged for transport to other laboratories, as well as off the premises. Please also provide the SOP name and reference number; |
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| 48. Are any live animals housed in this facility (to which the questionnaire relates) or a facility associated with this facility? If so please elaborate; |
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| 49. Provide the following declaration with the information submission: |
| I ..... (name) .....(identity / passport number) ..... (designation of person responsible for facility), declare that the information provided is correct.<br>.....  .....<br>Signature  Date |

*Controlled and notifiable in terms of the Animal Diseases Act 1984 (Act No 35 of 1984). A list is available on the website: http://www.daff.gov.za/daffweb3/Branches/Agricultural-Production-Health-Food-Safety/Animal-Health/disease-control/list