**PAM IBC 02\_102 PAM Principal Investigator Sefl-Assessment**

The following questions are a self-assessment to help PI prepare for the PAM Routine visit.

| **PI Self-Assessment** | | | | | |
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|  | **PROCEDURES** | **Yes** | **No** | **N/A** | **Comment** |
| 1 | Are the research procedures being carried out consistent with those that the IBC has approved? (i.e., blood collection, hazard storage, use of PPEs, declared agents, listed personnel, etc.) |  |  |  |  |
| 2 | Do amendments need to be made to reflect changes in procedures? |  |  |  |  |
| 3 | Are recombinant nucleic acids or hazardous biological agents used approved by the IBC? |  |  |  |  |
| 4 | Are changes to the protocol communicated to personnel? |  |  |  |  |
| 5 | Are procedure-specific (SOP) training and associated safety precautions, including engineering controls and work practice controls, available to all approved protocol personnel? |  |  |  |  |
| 6 | Are Laboratory or Protocol Standard Operation Procedures up-to-date and available to all project personnel? |  |  |  |  |
| 7 | Are all recordings of laboratory documents securely stored within the laboratory according to policy? (e.g., agent record with the date and time of receipt, data, laboratory procedures, logs, testing records, equipment calibration reports, and project personnel files) |  |  |  |  |
| 8 | Are you aware of when the IBC approval for this project expires? |  |  |  |  |
| 9 | Has IBC approval for this project ever expired? |  |  |  |  |
| 10 | If yes, did you report any research activity that was done while IBC approval was expired? |  |  |  |  |
| 11 | Has the researcher become aware of new information that changes the risk assessment of this project? |  |  |  |  |
|  | **PERSONNEL** | **Yes** | **No** | **N/A** | **Comment** |
| 12 | Are laboratory staff performing the procedure(s) listed on the approved protocol? |  |  |  |  |
| 13 | Are personnel modifications needed? |  |  |  |  |
| 14 | Are laboratory staff following the safety procedure(s) listed in the protocol? |  |  |  |  |
| 15 | Are all project team members up-to-date with the required training (CITI/UTRGV)? |  |  |  |  |
| 16 | Have the PI and research personnel trained to work with the protocol agent and exposure risk? |  |  |  |  |
| 17 | Are research personnel appropriately trained to perform the protocol procedures (engineering control and work practices)? Is documentation available? |  |  |  |  |
| 18 | Have the laboratory personnel read the IBC-approved protocol? |  |  |  |  |
| 19 | Are all personnel (i.e., PIs, Co-PIs, research staff) aware of all the amendments to the IBC-approved protocol? |  |  |  |  |
| 20 | If you or research personnel are asked questions about the protocol, do you or they have accurate knowledge of it? |  |  |  |  |
| 21 | Do your personnel openly communicate with you about safety hazard concerns (related or unrelated to the study)? |  |  |  |  |
| 22 | Are research personnel utilizing appropriate Personal Protective Equipment (PPE) and/or engineering controls according to the risk involved in procedures performed? |  |  |  |  |
| 23 | Do the research personnel know whom to contact in case of an injury or accident (e.g., exposure to a hazardous substance)? |  |  |  |  |
|  | **LABORATORY SPACE & STORAGE** | **Yes** | **No** | **N/A** | **Comment** |
| 24 | Are all laboratory spaces used in this project approved for the recombinant nucleic acid or hazardous biological agent type and reported in the IBC registration? |  |  |  |  |
| 25 | Are hazardous biological agents stored appropriately, and is there an up-to-date record log? |  |  |  |  |
| 26 | Are sharps containers located within the researcher’s reach on the benches? |  |  |  |  |
| 27 | Are all instruments, tools, chemical hoods, fume hoods, autoclaves, centrifuges, etc., used in experimentation up-to-date with inspections and/or properly calibrated to meet best practice standards? |  |  |  |  |
| 28 | Have you verified the integrity of engineering controls (e.g., biological safety cabinets) and/or biological containers (e.g., storage bins, trays, tube racks, etc.)? |  |  |  |  |
| 29 | If involved in shipping or receiving, is the lab compliant with shipping and material transfer agreement requirements? |  |  |  |  |
| 30 | Are personnel aware of IBC-approved emergency plans for handling accidental spills and personnel contamination? |  |  |  |  |
| 31 | Do you supervise laboratory staff to ensure that the required safety practices and techniques are employed? |  |  |  |  |
| 32 | Have you verified and/or corrected work errors and conditions that may result in the release of biological agents and personnel injuries? |  |  |  |  |
|  | **HAZARDOUS MATERIALS** | **Yes** | **No** | **N/A** | **Comment** |
| 33 | Is the chemical inventory for your laboratory up-to-date? |  |  |  |  |
| 34 | Does the laboratory have approval from EHS to use hazardous material? |  |  |  |  |
| 35 | Are copies of the Safety Data Sheets (SDS) available to all personnel? |  |  |  |  |
| 36 | Are rooms properly marked with the identity of the hazardous material(s)? |  |  |  |  |
| 37 | Are hazardous waste and samples properly labeled and disposed of? |  |  |  |  |
| 38 | Are all work surfaces and materials decontaminated after completion? |  |  |  |  |
| 39 | Has the lab been subject to EHSRM inspections during the current academic year? |  |  |  |  |
|  | **ADVERSE EVENTS** | **Yes** | **No** | **N/A** | **Comment** |
| 40 | Have any adverse events, unanticipated problems, or complaints occurred while conducting this research? |  |  |  |  |
| 41 | If yes, have all details been reported to the IBC? |  |  |  |  |
| 42 | Have all corrective actions been addressed as required by the IBC? |  |  |  |  |
| 43 | Have there been any protocol deviations? |  |  |  |  |
| 44 | If yes, have they been reported to the IBC? |  |  |  |  |
| 45 | Have there been any unanticipated problems with protocol implementation? |  |  |  |  |
|  | **NON-COMPLIANCE HISTORY** | **Yes** | **No** | **N/A** | **Comment** |
| 46 | Have any non-compliance issues occurred on this protocol? If so, please list and include the results of the non-compliance. |  |  |  |  |
| 47 | What steps were taken to mitigate the non-compliant issue? |  |  |  |  |
| 48 | Has there been improvement? |  |  |  |  |