



MINISTRY OF HEALTH
SINGAPORE

Healthcare Application and Licensing Portal (HALP)
Internet User Guide – Facility

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Disclaimer: The screenshots provided in this user guide are for illustrative purposes only. They serve as examples to demonstrate the layout and functionality of the user interface in the Healthcare Application and Licensing Portal - Biosafety Module. Please note that the values shown in certain fields, such as dates, application number, or user-specific information including Facility Name may not reflect actual or consistent data, unlike what a user would expect to see in the live system.

1. INSPECTION

This section describes the steps to submit information at the following stages when inspection by MOH is indicated:

- [Stage 1: Submit Pre-inspection Checklist](#)
- [Stage 2: Indicate Preferred Inspection Date](#)
- [Stage 3: Submit Response after Review of Draft Inspection Report](#)
- [Stage 4: Retrieve Final Inspection Report](#)
- [Stage 5: Submit Information on Rectification of Non-Compliance \(NC\)](#)
- [Stage 6: Submit Information on Follow-up Action for Other Inspection Findings](#)

1.1. Stage 1: Submit Pre-Inspection Checklist

This section describes the steps to submit the pre-inspection checklist for the facility when an inspection by MOH is indicated.

1. The facility receives a **notification** to submit the pre-inspection checklist with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows a web application inbox. The 'Inbox (31)' tab is selected and highlighted with a red box. Below the tabs are filters for 'Message Type' and 'Submission Type', both set to 'Please Select'. There is a search bar with the placeholder 'Search your keywords'. Below the filters, it shows '1-10 out of 36 items' and a pagination control. A table of messages is displayed with columns: Subject, Message Type, Facility Name, Reference Number, Submission Type, and Date of Notification. The first message is highlighted with a red box:

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety – [For Action]: Submit Pre-Inspection Checklist	Action Required	CHC00000	N241219HCF025	New Facility Registration	19/12/2024 22:07:33

2. The message content will be displayed. Click the **here** hyperlink to submit the pre-inspection checklist.

The screenshot shows the 'Message Content' of the selected message. It contains the following text:

Dear Emily(Main Administrator),

Please click [here](#) to submit the pre-inspection checklist for the facility: CHC00000.

Kindly note that you can only make an appointment for the facility inspection after the submission of the pre-Inspection checklist.

Thank you.

Regards
Biosafety Branch
Ministry of Health

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Alternatively, click the **Applications** tab. Select **Submit Checklist** from the **Actions** dropdown for the task with status **Pending Checklist Submission**.

Inbox (30)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Facility Name:

Application Type:

All

Date Saved/Submitted From:

Application Sub-Type:

Please Select

Application Status:

All

Date Saved/Submitted To:

CLEAR

SEARCH

1-10 out of 25 Items

20

<< < 1 2 3 > >>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A241219HCF013CER001	CHCOOOOO	New	Facility Registration	Pending AFC Selection	19/12/2024 22:07:16	<div>Select</div>
A241219HCF013INS001	CHCOOOOO	New	Facility Registration	Pending Checklist Submission	19/12/2024 22:07:16	<div>Select</div> <div>Submit Checklist</div>
A241219HCF013	CHCOOOOO	New	Facility Registration	Pending Inspection / Certification	19/12/2024 22:05:09	

3. System will redirect to the **Pre-inspection Checklist Submission** page. Click **FILL** to complete the pre-inspection checklist using the on-screen form. Alternatively, proceed to step 6 for information on the use of the **Download** function to complete the pre-inspection checklist on an excel template.

Pre-inspection Checklist Submission

S/N	Facility Name	Facility Classification	Action
1	CHCOOOOO	Certified High Containment (BSL-3) Facility	<div><div>FILL</div><div>DOWNLOAD</div><div>PRINT</div><div>UPLOAD</div></div>

< Back

CANCEL

SAVE AS DRAFT

4. Select **Yes**, **No** or **N/A** for each checklist items and enter **Remarks** where applicable.

BATA Inspection

II. Personnel

Checklist Item	Item Description	Yes	No	N/A	Remarks
1.0	An updated list of authorised personnel is available (check against MOH list). List of personnel vetted by the ISD (for gazette laboratory only)	☐	☐	☐	
1.1	Personnel entering & exiting the containment laboratory is recorded	☐	☐	☐	
1.2	For persons who are not authorized to enter the containment laboratory: -They are accompanied by an authorized personnel -Records are available (including the purpose of the visit)	☐	☐	☐	
1.3	Purpose and/or activity carried out in the containment laboratory is recorded	☐	☐	☐	
1.4	BATA training record is comprised of the following: -Scheduled agents -BATA requirement for a) import b) possession c) transfer d) transport	☐	☐	☐	

IV. Incident Reporting

Checklist Item	Item Description	Yes	No	N/A	Remarks
1.0	All incidents that occurred inside the containment laboratory is recorded	☐	☐	☐	
1.1	The following incidents are reported to MOH immediately: a) Confirmed or suspected infections or illnesses acquired by member of the facility in the course of carrying out any activity involving biological agent/toxin at the facility b) Adverse incidents involving biological agent that may potentially cause transmission of any infectious disease c) Adverse incidents involving toxins d) Loss of biological agent & toxins e) Destruction of any stocks of First Schedule (Part II) biological agent and Fifth Schedule toxin f) Adverse incidents affecting the containment of the facility or equipment g) Failure of receipt of First Schedule Part II and Second Schedule biological agents and Fifth Schedule toxins (within 24 hours)	☐	☐	☐	
1.2	A system is in place to allow staff to directly contact, notify or inform the relevant agency of any incident, work practice or any matter that is of concern to the safety or security of the staff, the environment or the public.	☐	☐	☐	

[< Back](#)
CANCEL
SAVE AS DRAFT

5. Click **SAVE AS DRAFT**, to save input.

CANCEL
SAVE AS DRAFT

6. Alternatively, to complete the pre-inspection checklist using an excel template, click **DOWNLOAD**.

Pre-inspection Checklist Submission

S/N	Facility Name	Facility Classification	Action
1	CHCOOOOO	Certified High Containment (BSL-3) Facility	FILL DOWNLOAD PRINT UPLOAD

[< Back](#)
CANCEL
SAVE AS DRAFT

7. **Open** the downloaded checklist and select **input** under **Answer** for each checklist item and enter **Remarks** where applicable. **Save** the completed excel checklist.

S/N	Section	Item Description	Answer	Remarks
1.1	II.Personnel	An updated list of authorised personnel is available (check against MOH list). List of personnel vetted by the ISD (for gazette laboratory only)	Yes	
1.2	II.Personnel	Personnel entering & exiting the containment laboratory is recorded	Yes	
1.3	II.Personnel	For persons who are not authorized to enter the containment laboratory: -They are accompanied by an authorized personnel -Records are available (including the purpose of the visit)	Yes	
1.4	II.Personnel	Purpose and/or activity carried out in the containment laboratory is recorded	Yes	
1.5	II.Personnel	BATA training record is comprised of the following: -Scheduled agents -BATA requirement for a) import b) possession	Yes	

8. Click **UPLOAD**.

S/N	Facility Name	Facility Classification	Action
1	CHC000000	Certified High Containment (BSL-3) Facility	<input type="button" value="FILL"/> <input type="button" value="DOWNLOAD"/> <input type="button" value="PRINT"/> <input type="button" value="UPLOAD"/>

[< Back](#)

9. Click **UPLOAD** and select the completed excel checklist.

Pre-inspection Checklist Submission

Please upload pre-inspection checklist

- The maximum allowable file size for each upload is 10MB.
- Acceptable file formats is XLSX.
- You may download the template by clicking [here](#).

Pre-inspection Checklist

UPLOAD

< Back

CANCEL SAVE AS DRAFT

10. Click **SAVE AS DRAFT** to return to the **pre-inspection checklist submission** page. System will auto-fill the pre-inspection checklist based on the uploaded checklist.

Pre-inspection Checklist Submission

Please upload pre-inspection checklist

- The maximum allowable file size for each upload is 10MB.
- Acceptable file formats is XLSX.
- You may download the template by clicking [here](#).

Pre-inspection Checklist

Self_Assessment-20241219054600049.xlsx(11.5KB) DELETE

UPLOAD

< Back

CANCEL SAVE AS DRAFT

11. Click **VIEW** to review the completed checklist before submission. Click **EDIT** to make changes to the input in the checklist. Click **SUBMIT** to submit the checklist.
- Note: Click **PRINT** to print a copy of the checklist. Click **UPLOAD** to upload an edited version of the checklist.*

Pre-inspection Checklist Submission

S/N	Facility Name	Facility Classification	Action
1	CHCOOOO	Certified High Containment (BSL-3) Facility	<div>VIEW EDIT PRINT DOWNLOAD</div> <div>UPLOAD</div>

< Back

CANCEL SUBMIT

12. Upon successful submission, an **Acknowledgement** message will be displayed. Click **DONE** to return to the **Dashboard**.

Pre-inspection Checklist Submission

Acknowledgement

Your submission is successful.

PRINTDONE

13. From the **Dashboard**, click the **Applications** tab. Verify that the status of the inspection task is **Pending Appointment Scheduling**.

Inbox (31)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Application Sub-Type:

Please Select

Facility Name:

Application Status:

All

Application Type:

All

Date Saved/Submitted From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 25 items

20

<< < 1 2 3 > >>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A241219HCF013CER001	CHCOOOOO	New	Facility Registration	Pending AFC Selection	19/12/2024 22:07:16	Select
A241219HCF013INS001	CHCOOOOO	New	Facility Registration	Pending Appointment Scheduling	19/12/2024 22:07:16	Select
A241219HCF013	CHCOOOOO	New	Facility Registration	Pending Inspection / Certification	19/12/2024 22:05:09	Select

1.2. Stage 2: Indicate Preferred Inspection Date

This section describes the steps to indicate the preferred inspection date after submission of the pre-inspection checklist (refer to [Section 1.1](#) for the steps to submit the pre-inspection checklist).

1. The facility receives a **notification** to indicate the preferred inspection date with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.
Note: Selection of preferred inspection date can only take place after the facility has submitted the pre-inspection checklist.

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - (For Action): Indicate Preferred Inspection Date	Action Required	CHCOOOOO	N241219HCF010	New Facility Registration	19/12/2024 18:04:33

2. The message content will be displayed. Click the **here** hyperlink to indicate the preferred inspection date.

Message Content

Dear Emily (Main Administrator),

Please click [here](#) to indicate the preferred inspection date range for the facility: CHCOOOOO.

Kindly note that appointment date is subjected to MOH Officers' availability

You will be notified of the appointment date once confirmed.

Thank you.

Regards
Biosafety Branch
Ministry of Health

[< Back](#)

Alternatively, click the **Applications** tab, select **Submit Preferred Appointment Date** from the **Actions** dropdown for the task with status **Pending Appointment Scheduling**.

Applications

Application No.:

Facility Name:

Application Type:

Date Saved/Submitted From:

Application Sub-Type:

Application Status:

Date Saved/Submitted To:

1-10 out of 18 items

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A241219HCF003INS001	CHCOOOOO	New	Facility Registration	Pending Appointment Scheduling	19/12/2024 17:23:08	<input type="button" value="Select"/>
A241219HCF003	CHCOOOOO	New	Facility Registration	Pending Inspection / Certification	19/12/2024 17:19:16	<input type="button" value="Submit Preferred Appointment Date"/>

- The system will redirect to the **Indicate Preferred Inspection Date** page. Select the **Preferred Date Range for Inspection**. Click **SUBMIT**.

Indicate Preferred Inspection Date

Preferred Date Range for Inspection (Start) *

Preferred Date Range for Inspection (End) *

- Upon successful submission, an **Acknowledgement** message will be displayed. Click **DONE** to return to the **Dashboard**.

Indicate Preferred Inspection Date

Acknowledgement

You have successfully submitted the preferred inspection date.

[< Back](#)

5. From the **Dashboard**, click the **Applications** tab. Verify that the status of the inspection task is **Pending MOH**.

Inbox (29)ApplicationsFacilitiesApprovalsCertifications/
Inspections/AuditsData SubmissionsReportable Events

Application No.:

Facility Name:

Application Type:

All

Date Saved/Submitted From:

Application Sub-Type:

Please Select

Application Status:

All

Date Saved/Submitted To:

CLEAR

SEARCH

1-10 out of 18 items

20

<<

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1

2

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Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A241219HCF003INS001	CHCOOOOO	New	Facility Registration	Pending MOH	19/12/2024 17:23:08	<div>N/A</div>
A241219HCF003	CHCOOOOO	New	Facility Registration	Pending Inspection / Certification	19/12/2024 17:19:16	<div>Select</div>

1.2.1. Submit Response for RFI on pre-inspection checklist before Preferred Inspection Date is indicated

This section describes the steps to submit a response when MOH has triggered the request for information (RFI) for the pre-inspection checklist before the facility has indicated the preferred inspection date. Refer to MOH HALP Internet - Facility User Guide Part 2.2 Section 5.1 for the steps to submit a response to the RFI (to the pre-inspection checklist) after the inspection date has been submitted.

1. Facility receives a **notification** of the RFI with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows the 'Inbox (32)' tab selected. Below the navigation bar, there are filters for 'Message Type' and 'Submission Type', both set to 'Please Select'. There is also a search bar labeled 'Search your keywords'. Below these filters, it shows '1-10 out of 38 items' and a pagination control set to '20'. A table of messages is displayed with columns: Subject, Message Type, Facility Name, Reference Number, Submission Type, and Date of Notification. The first message is highlighted with a red box:

Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
MOH Biosafety - (For Action): Request for Information for Pre-Inspection Checklist for A241219HCF013INS001	Action Required	CHCOOOOO	N241219HCF027	New Facility Registration	19/12/2024 22:19:12

2. **Comments from MOH** related to the RFI will be indicated. Click the **here** hyperlink to submit the response to the RFI.

The screenshot shows the 'Message Content' section. The message is addressed to 'Dear Emily (Main Administrator)'. It states: 'There is a request for information and/or clarification for Pre-Inspection Checklist submitted for CHCOOOOO for A241219HCF013INS001 pending your input. Details: RFI. Please be informed to indicate preferred inspection date as well if you have not done so. For details, please click [here](#) to log in to the System to provide the required information and/or clarification. Thank you. Regards Biosafety Branch Ministry of Health'. The word 'here' is highlighted with a red box. At the bottom left, there is a '< Back' link.

Alternatively, from the **Dashboard**, click the **Applications** tab. Select **Submit Response** from the **Actions** dropdown for the inspection task with status **Pending Applicant Clarification**.

Inbox (31)ApplicationsFacilitiesApprovalsCertifications/Inspections/AuditsData SubmissionsReportable Events

Application No.:

Facility Name:

Application Type:

Date Saved/Submitted From:

Application Sub-Type:

Application Status:

Date Saved/Submitted To:

Please Select

All

dd/mm/yyyy

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 25 items20

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

A241219HCF013CER001	CHCOOOOO	New	Facility Registration	Pending AFC Selection	19/12/2024 22:07:16	Select
A241219HCF013INS001	CHCOOOOO	New	Facility Registration	Pending Applicant Clarification	19/12/2024 22:07:16	Select
A241219HCF013	CHCOOOOO	New	Facility Registration	Pending Inspection / Certification	19/12/2024 22:05:09	Select

Submit Response

3. System will redirect to the **Respond to Request for Information and Indicate Preferred Inspection Date** page.

Note: MOH Officer Comment related to the RFI is also displayed.

Respond to Request for Information and Indicate Preferred Inspection Date

MOH Officer CommentRFI

Checklist

S/N	Facility Name	Facility Classification	Action
1	CHCOOOOO	Certified High Containment (BSL-3) Facility	UPDATEPRINTDOWNLOADUPLOAD

Appointment Scheduling

Preferred Date Range for Inspection (Start) *

dd/mm/yyyy

Preferred Date Range for Inspection (End) *

dd/mm/yyyy

< Back

CANCEL

SUBMIT

4. Click **UPDATE** to update the pre-inspection checklist using the on-screen form.
Alternatively, proceed to step 7 for information on the use of the **Download** function to complete the pre-inspection checklist using the downloaded excel template.

Respond to Request for Information and Indicate Preferred Inspection Date

MOH Officer Comment RFI

Checklist

S/N	Facility Name	Facility Classification	Action
1	CHCOOOOO	Certified High Containment (BSL-3) Facility	<div><div>UPDATE</div><div>PRINT</div><div>DOWNLOAD</div><div>UPLOAD</div></div>

Appointment Scheduling

Preferred Date Range for Inspection (Start) *

Preferred Date Range for Inspection (End) *

[< Back](#)

CANCEL

SUBMIT

5. Select **Yes**, **No** or **N/A** to update the information for the required checklist item and/or edit the **Remarks** where applicable.

Respond to Request for Information and Indicate Preferred Inspection Date

BATA Inspection

II. Personnel

Checklist Item	Item Description	Yes	No	N/A	Remarks
1.0	An updated list of authorised personnel is available (check against MOH list). List of personnel vetted by the ISD (for gazette laboratory only)	☒	☐	☐	
1.1	Personnel entering & exiting the containment laboratory is recorded	☒	☐	☐	
1.2	For persons who are not authorized to enter the containment laboratory: -They are accompanied by an authorized personnel -Records are available (including the purpose of the visit)	☒	☐	☐	
1.3	Purpose and/or activity carried out in the containment laboratory is recorded	☒	☐	☐	
1.4	BATA training record is comprised of the following: -Scheduled agents -BATA requirement for a) import b) possession c) transfer d) transport	☒	☐	☐	

IV. Incident Reporting

Checklist Item	Item Description	Yes	No	N/A	Remarks
1.0	All incidents that occurred inside the containment laboratory is recorded	☒	☐	☐	
1.1	The following incidents are reported to MOH immediately: a) Confirmed or suspected infections or illnesses acquired by member of the facility in the course of carrying out any activity involving biological agent/toxin at the facility b) Adverse incidents involving biological agent that may potentially cause transmission of any infectious disease c) Adverse incidents involving toxins d) Loss of biological agent & toxins e) Destruction of any stocks of First Schedule (Part II) biological agent and Fifth Schedule toxin f) Adverse incidents affecting the containment of the facility or equipment g) Failure of receipt of First Schedule Part II and Second Schedule biological agents and Fifth Schedule toxins (within 24 hours)	☒	☐	☐	
1.2	A system is in place to allow staff to directly contact, notify or inform the relevant agency of any incident, work practice or any matter that is of concern to the safety or security of the staff, the environment or the public.	☒	☐	☐	

[< Back](#)

CANCEL

SAVE AS DRAFT

6. Click **SAVE AS DRAFT**, to save changes.

CANCEL

SAVE AS DRAFT

7. Alternatively, to edit the pre-inspection checklist using an excel template, click **DOWNLOAD**.

Respond to Request for Information and Indicate Preferred Inspection Date

MOH Officer Comment RFI

Checklist

S/N	Facility Name	Facility Classification	Action
1	CHCOOOOO	Certified High Containment (BSL-3) Facility	<input type="button" value="UPDATE"/> <input type="button" value="PRINT"/> <input type="button" value="DOWNLOAD"/> <input type="button" value="UPLOAD"/>

Appointment Scheduling

Preferred Date Range for Inspection (Start) *

Preferred Date Range for Inspection (End) *

[< Back](#)

8. **Open** the downloaded checklist and edit the **Answer** for the checklist item and/or the **Remarks** where applicable. **Save** the completed excel checklist.

	A	B	C	D	E	F	G
1	S/N	Section	Item Description	Answer	Remarks		
	1.1	II.Personnel	An updated list of authorised personnel is available (check against MOH list). List of personnel vetted by the ISD (for gazette laboratory only)	Yes			
2	1.2	II.Personnel	Personnel entering & exiting the containment laboratory is recorded	No			
3	1.3	II.Personnel	For persons who are not authorized to enter the containment laboratory: -They are accompanied by an authorized personnel -Records are available (including the purpose of the visit)	Yes			
4	1.4	II.Personnel	Purpose and/or activity carried out in the containment laboratory is recorded	Yes			

Sheet1 BSB Regulation

9. Click **UPLOAD** to upload the updated excel checklist.

Respond to Request for Information and Indicate Preferred Inspection Date

MOH Officer Comment RFI

Checklist

S/N	Facility Name	Facility Classification	Action
1	CHCOOOOO	Certified High Containment (BSL-3) Facility	<input type="button" value="UPDATE"/> <input type="button" value="PRINT"/> <input type="button" value="DOWNLOAD"/> <input type="button" value="UPLOAD"/>

Appointment Scheduling

Preferred Date Range for Inspection (Start) *

Preferred Date Range for Inspection (End) *

[< Back](#)

10. Click **UPLOAD** and select the updated excel checklist.

Respond to Request for Information and Indicate Preferred Inspection Date

Please upload pre-inspection checklist

- The maximum allowable file size for each upload is 9MB.
- Acceptable file formats is XLSX.
- You may download the template by clicking [here](#).

Pre-inspection Checklist

[< Back](#)

11. Click **SAVE AS DRAFT** to return to the **pre-inspection checklist submission** page. System will auto-fill the pre-inspection checklist based on the uploaded checklist.

Respond to Request for Information and Indicate Preferred Inspection Date

Please upload pre-inspection checklist

- The maximum allowable file size for each upload is 10MB.
- Acceptable file formats is XLSX.
- You may download the template by clicking [here](#).

Pre-inspection Checklist

Self Assessment-20241219103300041.xlsx (11.5KB) DELETE

UPLOAD

[< Back](#)

CANCEL **SAVE AS DRAFT**

12. Click **VIEW** to review the updated checklist before submission. Click **EDIT** to make changes to the input in the checklist if applicable.

*Note: Click **PRINT** to print a copy of the checklist. Click **UPLOAD** to re-upload a new version of the checklist.*

Respond to Request for Information and Indicate Preferred Inspection Date

MOH Officer Comment RFI

Checklist

S/N	Facility Name	Facility Classification	Action
1	CHCOOOOO	Certified High Containment (BSL-3) Facility	VIEW EDIT PRINT DOWNLOAD UPLOAD

Appointment Scheduling

Preferred Date Range for Inspection (Start) *

Preferred Date Range for Inspection (End) *

[< Back](#)

CANCEL **SUBMIT**

13. Under **Appointment Schedule**, select the **Preferred Date Range for Inspection**. Click **SUBMIT**.

Respond to Request for Information and Indicate Preferred Inspection Date

MOH Officer Comment

RFI

Checklist

S/N	Facility Name	Facility Classification	Action
1	CHCOOOOO	Certified High Containment (BSL-3) Facility	<div><div>VIEW</div><div>EDIT</div><div>PRINT</div><div>DOWNLOAD</div><div>UPLOAD</div></div>

Appointment Scheduling

Preferred Date Range for Inspection (Start) *

dd/mm/yyyy

Preferred Date Range for Inspection (End) *

dd/mm/yyyy

< Back

CANCEL

SUBMIT

14. Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

Request for Information

Your response to the request for information has been submitted.

Application Number

Date & Time

A241219HCF013

19/12/2024 22:42:57

PRINT

HOME

1.2.2. Submit Response to Request for Information for two related items/tasks e.g. both the pre-inspection checklist and the application

This section describes the steps to submit a response when MOH has triggered the request for information (RFI) concurrently for two related items/tasks e.g. RFI for the main (facility) application and the pre-inspection checklist. When RFI has been triggered for two items/tasks, the response to both RFI will be consolidated for submission to MOH. Refer to MOH HALP Internet - Facility User Guide Part 2.2 Section 5.1 for the steps to submit a response to the RFI for a single item/task.

1. Facility receives a **notification** of the RFI with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows the 'Inbox (32)' tab selected. The message list displays a notification with the following details:

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety – [For Action]: Request for Information for A241219HCF013INS001 (Application and Pre-Inspection Checklist)	Action Required	CHCOOOOO	N241220HCF023	New Facility Registration	20/12/2024 09:52:40

2. **Comments from MOH** related to the RFI will be indicated. Click the **“here”** hyperlink to submit the response to the RFI.

The screenshot shows the 'Message Content' section with the following text:

Dear Emily (Main Administrator),

There is a request for information and/or clarification for your Application and Pre-Inspection Checklist for CHCOOOOO for A241219HCF013INS001 pending your input.

Details: RFI

Please be informed to indicate preferred inspection date as well if you have not done so.

For details, please click [here](#) to log in to the System to provide the required information and/or document.

Thank you.

Regards
Biosafety Branch
Ministry of Health

< Back

Alternatively, from the **Dashboard**, click the **Applications** tab. Select **Submit Response** from the **Actions** dropdown for the inspection task with status **Pending Applicant Clarification**.

Inbox (31)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Application Sub-Type:

Please Select

Facility Name:

Application Status:

All

Application Type:

All

Date Saved/Submitted
From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 25 items

20

< < 1 2 3 > >

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A241219HCF013CER001	CHCOOOOO	New	Facility Registration	Pending AFC Selection	19/12/2024 22:07:16	<div>Select</div>
A241219HCF013INS001	CHCOOOOO	New	Facility Registration	Pending Applicant Clarification	19/12/2024 22:07:16	<div>Select</div> <div>Select</div> <div>Submit Response</div>
A241219HCF013	CHCOOOOO	New	Facility Registration	Pending Inspection / Certification	19/12/2024 22:05:09	

3. System will redirect to the **Request For Information** page and display the list of “items/tasks” requiring response.

Dashboard

eServices

Company Details

Emily

Request For Information

S/N	Module Name	Action	Completed
1	Facility Registration	<div>RESPOND</div>	<div>✗</div>
2	Pre-Inspection Checklist	<div>RESPOND</div>	<div>✗</div>

< Back

SUBMIT

Page | 23

4. Click **RESPOND** for the first item (**Facility Registration**) to provide the required information.

Request For Information

S/N	Module Name	Action	Completed
1	Facility Registration	RESPOND	
2	Pre-Inspection Checklist	RESPOND	

[< Back](#) [SUBMIT](#)

5. System will redirect to **Company Profile** page. Click **NEXT** to proceed.

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with activity type: **Possession of First and/or Second Schedule Biological Agent**

1

2 

3 

4 

5 

6 

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

Company Profile

UEN	423416813Z
Company Name	John
Postal Code	117438
Address Type	Apt Bldg
Block / House No	10
Floor No.	10
Unit No.	01
Street Name	Pasir Panjang Road

[< Back](#) [NEXT](#)

6. Click **EDIT** to enable editing of information on the page. Click **DELETE** to remove an existing file, if applicable. Click **UPLOAD** to upload a document. Click the **file name hyperlink** to download the document.
- Note: The editing of the information may be restricted to specific sections during **RFI**. The **Edit** hyperlink indicates sections where editing of information is allowed.*

[Dashboard](#) [eServices](#) [Company Details](#) Emily

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with activity type:
Possession of First and/or Second Schedule Biological Agent

1

2

3

4

5

6

Company InformationFacility InformationOther Application InformationSupporting DocumentsApproved Facility CertifierPreview & Submit

Facility ProfileFacility OperatorFacility Administrator/OfficerBiosafety CommitteeAuthorised Personnel

[Edit](#)

Facility Profile

Facility Name *

CHCOOOOO

Type of Facility *

Academic

Is the Facility address the same as the company address? *

☒ Yes ☐ No

Postal Code *

117438

Address Type *

Apt Bldg

Block / House No. *

10

Floor No. *

10

Unit No. *

01

Street Name

Pasir Panjang Road

Building Name

Mapletree Business City

Is the facility a Protected Place? *

☒ Yes ☐ No

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, BMP.

Gazette Order *

FormA.png(0.7KB)

UPLOAD

[< Back](#) [NEXT](#)

7. Click **NEXT** until the **Preview & Submit** page or click the **Preview & Submit** tab direct when the necessary changes have been made.

[Dashboard](#) [eServices](#) [Company Details](#) Emily

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with activity type:
Possession of First and/or Second Schedule Biological Agent

1

2

3

4

5

6

Company Information Facility Information Other Application Information Supporting Documents Approved Facility Certifier Preview & Submit

Facility Profile

Facility Operator

Facility Administrator/Officer

Biosafety Committee

Authorised Personnel

Facility Profile

Facility Name *

CHCOOOOO

Type of Facility *

Academic

Is the Facility address the same as the company address? *

☒ Yes ☐ No

Postal Code *

117438

Address Type *

Apt Bld

Block / House No. *

10

Floor No. *

10

Unit No. *

01

Street Name

Pasir Panjang Road

Building Name

Mapletree Business City

Is the facility a Protected Place? *

☒ Yes ☐ No

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, BMP.

Gazette Order *

FormB.png(1.1KB)

UPLOAD

[< Back](#) [NEXT](#)

8. In the **Preview & Submit** page, click **Facility Information** to expand the section.

Dashboard

eServices

John

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with activity type:
Possession of First and/or Second Schedule Biological Agent

1

2

3

4

5

6

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Preview & Submit

Print

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

Back

SUBMIT

9. Verify that the changes made. Click **Edit** to return to the section, if needed.

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with activity type:
Possession of First and/or Second Schedule Biological Agent

1

Company Information

2

Facility Information

3

Other Application Information

4

Supporting Documents

5

Approved Facility Certifier

6

Preview & Submit

Print

Company Information

Facility Information

Edit

Facility Profile

Facility Name

CHCOOOOO

Type of Facility

Academic

Is the facility address the same as the company address?

Yes

Postal Code

117438

Address Type

Apt Bldg

Block / House No.

10

Floor No.

10

Unit No.

01

Street Name

Pasir Panjang Road

Building Name

Mapletree Business City

Is the facility a Protected Place?

Yes

Gazette Order

[FormB.png\(1.1KB\)](#)

Facility Operator Profile

Designation of Facility Operator

XXX

Facility Operator Designee

Salutation

Dr

Name

CHq2

ID Type

NRIC

ID No.

57710689H

Nationality

SINGAPORE CITIZEN

Designation

xxx

Contact No.

88888888

Email

emaildummytestertelp@gmail.com

Employment Start Date

19/12/2024

Facility Administrator/Officer

Facility Administrator

Salutation

Dr

Name

Emily

ID Type

NRIC

ID No.

57235811B

Nationality

SINGAPORE CITIZEN

Designation

COO

Contact No.

88888888

Email

emaildummytestertelp@gmail.com

Employment Start Date

19/12/2024

Alternate Administrator

Salutation

Mdm

Name

HPPA

ID Type

NRIC

ID No.

53552005H

Nationality

SINGAPORE CITIZEN

Designation

CTO

Contact No.

88888888

Email

emaildummytestertelp@gmail.com

Employment Start Date

19/12/2024

Biosafety Committee

[View Biosafety Committee Information](#)

Personnel Authorised to Access the Facility

[View Authorized Personnel Information](#)

Other Application Information

Supporting Documents

Approved Facility Certifier

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

Back

SUBMIT

10. **Mark the checkbox for the declaration.** Enter **Remarks**, if applicable. Click **SUBMIT**.
Note: Declarations displayed may differ depending on the type of application submitted.

Dashboard
eServices
Company Details

Emily

New Facility Registration

You are applying for **Certified High Containment (BSL-3) Facility** with activity type:
Possession of First and/or Second Schedule Biological Agent

1
Company Information

2
Facility Information

3
Other Application Information

4
Supporting Documents

5
Approved Facility Certifier

6
Preview & Submit

Print

Company Information

Facility Information

Other Application Information

Supporting Documents

Approved Facility Certifier

Remarks

☐ I, hereby declare that all the information I have provided here is true and accurate. If any of the information given herein changes or becomes inaccurate in any way, I shall immediately notify MOH Biosafety Branch of such change or inaccuracy.

Back

SUBMIT

11. An **Acknowledgement** message will be displayed. Click **RETURN TO RFI LIST** to return to the **RFI page to provide response to the remaining item/task**.
Note: The consolidated response to RFI will only be submitted to MOH after the required information for both tasks/items have been provided.

Request for Information

**Your response to the request for information has been recorded.
Please return to the RFI List to submit the consolidated response to MOH.**

Certified High Containment (BSL-3) Facility with Facility Activity Type:
- Possession of First and/or Second Schedule Biological Agent
We will notify you of the status of the application or if additional information is required.

Application Number	Date & Time
A241219HCF013	20/12/2024 16:28:05

RETURN TO RFI LIST

PRINT

HOME

12. A green tick is displayed under **Completed** to indicate that the response has been recorded for the item. Click **RESPOND** for the second item (**Pre-Inspection Checklist**).

Dashboard eServices Company Details

Emily

Request For Information

S/N	Module Name	Action	Completed
1	Facility Registration	RESPOND	
2	Pre-Inspection Checklist	RESPOND	

< Back

SUBMIT

13. System will redirect to the **Respond to Request for Information and Indicate Preferred Inspection Date** page, if the preferred inspection date has yet to be indicated. Refer to [MOH HALP Internet - Facility User Guide Part 3 Section 1.2.1 steps 3](#) to 13 for the steps to complete this section continuing with step 14 below.
- Note: If the preferred Inspection date range has been submitted, the fields under Appointment Scheduling will not be displayed.*

Respond to Request for Information and Indicate Preferred Inspection Date

MOH Officer Comment

RFI

Checklist

S/N	Facility Name	Facility Classification	Action
1	CHC00000	Certified High Containment (BSL-3) Facility	<div>UPDATE</div> <div>PRINT</div> <div>DOWNLOAD</div> <div>UPLOAD</div>

Appointment Scheduling

Preferred Date Range for Inspection (Start) *

dd/mm/yyyy

Preferred Date Range for Inspection (End) *

dd/mm/yyyy

< Back

CANCEL

SUBMIT

14. Upon submission, an **Acknowledgement** message will be displayed. Click **RETURN TO RFI LIST** to return to the **RFI page** to submit the consolidated response to MOH.

Request for Information

Your response to the request for information has been recorded.

Please return to the RFI List to submit the consolidated response to MOH.

Application Number

Date & Time

A241219HCF013

20/12/2024 16:39:00

RETURN TO RFI LIST

PRINT

HOME

15. Green ticks will be displayed under **Completed** for both items (Facility Registration and Pre-inspection Checklist) when the responses to both RFI have been recorded. Click **SUBMIT** to **submit the consolidated response to MOH**.

DashboardeServices ▼Company Details

Emily ▼

Request For Information

S/N	Module Name	Action	Completed
1	Facility Registration	RESPOND	✓
2	Pre-Inspection Checklist	RESPOND	✓

[< Back](#)

SUBMIT

16. Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

DashboardeServices ▼Company Details

Emily ▼

Request For Information

Your consolidated response to the request for information has been submitted.

- Facility Registration

Date & Time

- Pre-Inspection Checklist

20/12/2024 16:48:15

[< Back](#)

HOME

17. From the **Dashboard**, click the **Applications** tab, verify that the **Application status** for the inspection task is **Pending MOH**. The **Application status** for the facility-related application is **Pending Inspection/Certification**.

Applications

Application No.: Application Sub-Type:

Facility Name: Application Status:

Application Type:

Date Saved/Submitted From: Date Saved/Submitted To:

1-10 out of 25 items

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A241219HCF013CER001	CHCOOOOO	New	Facility Registration	Pending AFC Selection	19/12/2024 22:07:16	<input type="button" value="Select"/>
A241219HCF013IN5001	CHCOOOOO	New	Facility Registration	Pending MOH	19/12/2024 22:07:16	<input type="button" value="N/A"/>
A241219HCF013	CHCOOOOO	New	Facility Registration	Pending Inspection / Certification	19/12/2024 22:05:09	<input type="button" value="Select"/>

1.3. Stage 3: Submit Response after Review of Draft Inspection Report

This section describes the steps to submit a response after reviewing the draft inspection report following inspection by MOH. The focus of the review is to ensure the accuracy and completeness of the information captured. The details related to actions taken by the facility to address non-compliances and other findings are to be submitted in Stage 4 (refer to [MOH HALP Internet - Facility User Guide Part 3 Section 1.4](#)) and Stage 5 (refer to [MOH HALP Internet - Facility User Guide Part 3 Section 1.5](#)) respectively.

1. The facility receives a **notification to review the (draft) Inspection Report** with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

Inbox (4)

Message Type: Submission Type: Search your keywords

Date From: Date To:

1-5 out of 5 items

Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐ MOH Biosafety - [For Action]: Review Inspection Report for A240503HCF005INS001	Action Required	CHCFsmk_030524_001	N240503HCF049	New Facility Registration	03/05/2024 15:55:37

2. The message content will be displayed. Click the **here** hyperlink to review the draft inspection report.

Message Content

Dear Daniel (Main Administrator),

Please click [here](#) to review the inspection report for the facility: CHCFsmk_030524_001.

Please submit your comments or a nil response as soon as possible.

Thank you.

Regards
Biosafety Branch
Ministry of Health

[< Back](#)

Alternatively, click the **Applications** tab, select **Submit Response** from the **Actions** dropdown for the inspection task with status **Pending Applicant Input**.

Note: The Application Status for the original application will remain as "Pending Inspection/Certification" until (a) all non-compliances found during the inspection have been addressed and approved by MOH, if inspection was triggered and (2) the AFC certification report and supporting documents have been finalised, if certification was triggered.

Applications

Application No.: A240503HCF005 Application Sub-Type: Please Select

Facility Name: Application Status: All

Application Type: All

Date Saved/Submitted From: dd/mm/yyyy Date Saved/Submitted To: dd/mm/yyyy

[CLEAR](#) [SEARCH](#)

1-2 out of 2 items 10

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A240503HCF005INS001	CHCFsmk_030524_001	New	Facility Registration	Pending Applicant Input	03/05/2024 15:37:38	Select
A240503HCF005	CHCFsmk_030524_001	New	Facility Registration	Pending Inspection / Certification	03/05/2024 15:36:44	Select Submit Response

3. System will redirect to the **Inspection Report Review** page.

Inspection Report Review

Review of Inspection Report

Section A (Facility Details)

Name of Facility

CHCFamk_030524_001

Address

10 Pasir Panjang Road 10-01 117438

Facility Classification

Certified High Containment (BSL-3) Facility

Facility Activity Type

Possession of First and/or Second Schedule Biological Agent

Person-in-Charge

FOD

Contact Information of person-in-charge

99999999 / dedicateddummy7@gmail.com

Section B (Inspection Details)

Date of Inspection

27/05/2024

Purpose of Inspection

Regular Check

Facility Representative

John

Inspector

isa902

Section C (Inspection Findings)

Part I: Inspection Checklist

Checklist Used

BATA Inspection

Part II: Findings/Observations

Observations

Monitoring

Remarks

OK

Inspection Findings

BATA Inspection

Checklist Item	Item Description	Findings/Non-Compliance	Action Required	Rectified	Applicant's Input
cx-reg1-item1	Sample Regulation of Checked Item1	NC No.1	Required to rectify NC Items	No	<div></div>
cx-reg1-item1-1	Sample Regulation of Checked Item1	NC No.2	Required to rectify NC Items	No	<div></div>
cx-reg1-item1-2	cx-reg1-item2-1				<div></div>
Ad-hoc Item1	Ad-hoc Checklist Item1 Description				<div></div>

Part III: Follow-Up Item

Follow-up Items

BATA Inspection

Section D (Recommendation)

Deficiency *

☐ Major ☒ Minor ☐ NIL

Outcome

Pass

Remarks

Applicant Remarks

The maximum file size per document is 10 MB.

Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.

Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Attachments

UPLOAD

Back

SUBMIT

Page | 35

4. **Enter** comments, if any, to specific checklist items in the **Applicant's Input** field. **Enter** comments, if any, for the rest of the report in the **Applicant Remarks** field. **Click UPLOAD** to upload documents, if applicable. **Click SUBMIT** to submit the response upon completion of the review.

Inspection Findings		BATA Inspection			
Checklist Item	Item Description	Findings/Non-Compliance	Action Required	Rectified	Applicant's Input
cw-reg1-item1	Sample Regulation of Checked Item1	NC No.1	Required to rectify NC Items	No	<input type="text"/>
cw-reg1-item1-1	Sample Regulation of Checked Item1	NC No.2	Required to rectify NC Items	No	<input type="text"/>
cw-reg1-item1-2	cw-reg1-item2-1				<input type="text"/>
Ad-hoc Item1	Ad-hoc Checklist Item1 Description				<input type="text"/>

Part III: Follow-Up Item

Follow-up Items BATA Inspection

Section D (Recommendation)

Deficiency * ☐ Major ☒ Minor ☐ NIL

Outcome Pass

Remarks

Applicant Remarks

• The maximum file size per document is 10 MB.
• Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
• Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Attachments

5. Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

Inspection Report Review

Your submission is successful.

PRINTHOME

6. From the **Dashboard**, click **Applications** tab. Verify that the **Application Status** of the inspection task is **Pending MOH**.

Inbox (3)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:
A240503HCF005

Application Sub-Type:
Please Select

Facility Name:

Application Status:
All

Application Type:
All

Date Saved/Submitted From:
dd/mm/yyyy

Date Saved/Submitted To:
dd/mm/yyyy

CLEAR

SEARCH

1-2 out of 2 items

10

<< < 1 > >>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A240503HCF005INS001	CHCFsmk_030524_001	New	Facility Registration	Pending MOH	03/05/2024 15:37:38	N/A
A240503HCF005	CHCFsmk_030524_001	New	Facility Registration	Pending Inspection / Certification	03/05/2024 15:36:44	Select

1.4. Stage 4: Retrieve Final Inspection Report

This section describes the steps to retrieve the final inspection report.

1. The facility receives a **notification** with **Message Type: Notification** that the final inspection report is issued. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows the 'Inbox (33)' tab selected. The interface includes filters for Message Type, Submission Type, Date From, and Date To. A search bar is present. Below the filters, a table lists messages. The first message is highlighted with a red box:

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [Notification]: Issuance of finalized Inspection Report	Notification – System generated email notification	CHCOOOO	N241220HCF026	New Facility Registration	20/12/2024 17:40:37

2. The message content will be displayed.

The screenshot shows the 'Message Content' view. The email body text is as follows:

Dear Emily (Main Administrator),

Please be informed that the finalized Inspection Report is now available in HALP system.

For details, please click [here](#) to log in to the System.

Thank you.

Regards
Biosafety Branch
Ministry of Health

3. Click the **Certifications/Inspections/Audits** tab.

The screenshot shows the 'Certifications/Inspections/Audits' tab selected. The interface includes filters for Application No., Facility Name, Last Updated Date From, and Last Updated Date To. A search bar is present. Below the filters, a table lists applications. The first application is highlighted with a red box:

☐	Application No.	Application Sub-Type	Application Status	Facility Name	Facility Address	Last Updated	Download
☐	A241219HCF013INS001	Facility Registration	Approved	CHCOOOO	10 Pasir Panjang Road 10-01 117438	20/12/2024 17:40:36	DOWNLOAD

4. Click the **Application No.** hyperlink to view the final inspection report.

Inbox (32)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Facility Name:

Last Updated Date From:

dd/mm/yyyy

Last Updated Date To:

dd/mm/yyyy

CLEAR

SEARCH

1-4 out of 4 items

20

<<<1>>>

Application No.	Application Sub-Type	Application Status	Facility Name	Facility Address	Last Updated	Download
A241219HCF013INS001	Facility Registration	Approved	CHCOOOO	10 Pasir Panjang Road 10-01 117438	20/12/2024 17:40:36	DOWNLOAD

Inspection Report

Section A (Facility Details)

Name of Facility

CHCOOOO

Address

10 Pasir Panjang Road 10-01 117438

Facility Classification

Certified High Containment (BSL-3) Facility

Facility Activity Type

Possession of First and/or Second Schedule Biological Agent

Person-in-Charge

Chq2

Contact information of person-in-charge

88888888 / emaildummytestertelp@gmail.com

Section B (Inspection Details)

Date of Inspection

09/01/2025

Purpose of Inspection

to inspect the First Schedule Biological Agent

Facility Representative

NYKCA

Inspector

bsb01

Section C (Inspection Findings)

Part I: Inspection Checklist

Checklist Used

BATA Inspection

Part II: Findings/Observations

Observations

Remarks

Inspection Findings

Checklist Item	Item Description	Findings/Non-Compliance	Action Required	Rectified
1.0	An updated list of authorized personnel is available (check against MOH list, List of personnel vetted by the IO (for gazetted laboratory only))			
1.1	Personnel entering & exiting the containment laboratory is recorded			
1.2	For persons who are not authorized to enter the containment laboratory, they are accompanied by an authorized personnel. Records are available (including the purpose of the visit)			
1.3	Purpose and/or activity carried out in the containment laboratory is recorded			
1.4	BATA training record is comprised of the following: Scheduled agents: BATA requirement for (a) import (b) possession (c) transfer (d) transport			
1.0	All incidents that occurred inside the containment laboratory is recorded			
1.1	The following incidents are reported to MOH immediately: a) Confirmed or suspected infections or disease acquired by member of the facility in the course of carrying out any activity involving biological agentroom at the facility b) Adverse incidents involving biological agent that may potentially cause transmission of any infectious disease (c) Adverse incidents involving toxins d) Loss of biological agent & toxins e) Destruction of any stocks of First Schedule (Part I) biological agent and Fifth Schedule toxin f) Adverse incidents affecting the containment of the facility or equipment g) Failure of receipt of First Schedule Part I and Second Schedule biological agents and Fifth Schedule toxins (within 24 hours)			
1.2	A system is in place to allow staff to directly contact, notify or inform the relevant agency of any incident, work practice or any matter that is of concern to the safety or security of the staff, the environment or the public.			

Part III: Follow-Up Item

Follow-up Items

BATA Inspection

Section D (Recommendation)

Deficiency *

Major Minor Nil

Outcome

Pass

Remarks

Page | 39

5. Click **Download** to download the report. The system will generate a PDF version of the inspection report.

Inbox (32) | Applications | Facilities | Approvals | **Certifications/Inspections/Audits** | Data Submissions | Reportable Events

Application No.: Facility Name:

Last Updated Date From: Last Updated Date To:

1-4 out of 4 Items

Application No.	Application Sub-Type	Application Status	Facility Name	Facility Address	Last Updated	Download
A241219HCF0131NS001	Facility Registration	Approved	CHCOOOO	10 Pasir Panjang Road 10-01 117438	20/12/2024 17:40:36	<input type="button" value="DOWNLOAD"/>

O-L8GM-B8N8-OKIM-...

Inspection Report.pdf
7.9 KB • Done

1.5. Stage 5: Submit Information on Rectification of Non-Compliance (NC)

This section describes the steps to submit details related to the rectifications to address non-compliances (NC) identified during the inspection. All NC must be rectified for the facility application to be approved.

1. The facility receives a **notification** to submit the information related to rectification of non-compliances identified during facility inspection with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows the 'Inbox (1)' tab selected. Below the navigation bar, there are filters for 'Message Type' and 'Submission Type', both set to 'Please Select'. A search bar is also present. The message list shows 1-4 out of 4 items. The third message is highlighted with a red box:

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [For Action]: Review Inspection Report for A240503HCF005INS001	Action Required	CHCFsmk_030524_001	N240503HCF049	New Facility Registration	03/05/2024 15:55:37
☐	MOH Biosafety - [For Action]: Review Inspection Report for A240503FAT001INS001	Action Required	CHCFsmk_030524_001	N240503FAT018	New Approval for Facility Activity Type	03/05/2024 16:27:57
☐	MOH Biosafety - [For Action]: Rectification of Non-Compliance Identified During Facility Inspection	Action Required	CHCFsmk_030524_001	N240503FAT020	New Approval for Facility Activity Type	03/05/2024 16:30:10
☐	MOH Biosafety - [For Action]: Submit Inspection Follow-up Action	Action Required	CHCFsmk_030524_001	N240503FAT022		03/05/2024 16:30:10

2. The message content will be displayed. Click the **here** hyperlink to view the List of Non-Compliance requiring rectification.

The screenshot shows the 'Message Content' page. The message is addressed to Daniel (Main Administrator) and contains the following text:

Dear Daniel (Main Administrator),

Please be informed that non-compliance was/were identified during the facility inspection that took place on 27/05/2024. You may refer to the inspection report for details.

Please submit proof of rectifications to address the non-compliance.

Non-compliances must be rectified before the submitted application can be approved.

For details, please click [here](#) to log in to the System to provide the required information and/or document.

Thank you.

Regards
Biosafety Branch
Ministry of Health

< Back

3. Click **RECTIFY** under the **Actions** column to submit the information related to the rectification for each item listed.

List of Rectifications

Checklist Item	Item Description	Findings/Non-Compliance	Action Required	MOH Remarks	Actions	Rectification uploaded	Status
cw-reg1-item1	Sample Regulation of Checked Item1	NC No.1	Required to rectify NC items	--	RECTIFY		Pending rectification
cw-reg1-item1-1	Sample Regulation of Checked Item1	NC No.2	Required to rectify NC items	--	RECTIFY		Pending rectification

[< Back](#)**SUBMIT**

4. Click **UPLOAD** to upload the supporting document related to the rectification. **Enter** the details related to the rectification under **Remarks**. Click **SAVE**.

Checklist Item	Item Description	Findings/Non-Compliance	Action Required	MOH Remarks
cw-reg1-item1	Sample Regulation of Checked Item1	NC No.1	Required to rectify NC items	--

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Attachments

UPLOAD

Remarks *

CANCEL**SAVE**

- When the information has been successfully saved, a **green tick** will be displayed under the **Rectification uploaded** column. The status will be updated to **“Pending submission”**. Repeat steps 3 and 4 to submit the information on the rectification for each item on the list.

List of Rectifications

Checklist Item	Item Description	Findings/Non-Compliance	Action Required	MOH Remarks	Actions	Rectification uploaded	Status
cw-reg1-item1	Sample Regulation of Checked Item1	NC No.1	Required to rectify NC items	--	RECTIFY		Pending submission
cw-reg1-item1-1	Sample Regulation of Checked Item1	NC No.2	Required to rectify NC items	--	RECTIFY		Pending rectification

[< Back](#)

SUBMIT

- Click **SUBMIT** when the information related to the rectification for all items have been provided.

List of Rectifications

Checklist Item	Item Description	Findings/Non-Compliance	Action Required	MOH Remarks	Actions	Rectification uploaded	Status
cw-reg1-item1	Sample Regulation of Checked Item1	NC No.1	Required to rectify NC items	--	RECTIFY		Pending submission
cw-reg1-item1-1	Sample Regulation of Checked Item1	NC No.2	Required to rectify NC items	--	RECTIFY		Pending submission

[< Back](#)

SUBMIT

- Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

Submission Successful

We will notify you if any changes are required.

PRINT

HOME

8. From the Dashboard, click the **Applications** tab. Verify that the status of the inspection task is **Pending MOH**.

Inbox (2)ApplicationsFacilitiesApprovalsCertifications/
Inspections/AuditsData SubmissionsReportable Events

Application No.:
Facility Name:
Application Type:
Date Saved/Submitted From:

All

dd/mm/yyyy

Application Sub-Type:
Application Status:
Date Saved/Submitted To:

Please Select

All

dd/mm/yyyy

CLEAR

SEARCH

1-5 out of 5 items10

<<

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1

>

>>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
A240503HCF005INS001	CHCFsmk_030524_001	New	Facility Registration	Pending MOH	03/05/2024 15:37:38	N/A
A240503HCF005	CHCFsmk_030524_001	New	Facility Registration	Pending Inspection / Certification	03/05/2024 15:36:44	Select

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1.6. Stage 6: Submit Information on Follow-up Action for Other Inspection Findings

This section describes the steps to submit details related to the follow-up actions to address other findings (that are not NC) identified during the inspection.

1. The facility receives a **notification** to submit the information related to follow-up action for other findings identified during facility inspection with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows a web application interface with a top navigation bar containing tabs: 'Inbox (39)', 'Applications', 'Facilities', 'Approvals', 'Certifications/Inspections/Audits', 'Data Submissions', and 'Reportable Events'. The 'Inbox (39)' tab is active and highlighted with a red box. Below the navigation bar is a filter section with 'Message Type' (set to 'Action Required'), 'Submission Type' (set to 'Please Select'), and a search bar. Below the filters is a table of messages. The first message is highlighted with a red box and contains the following details:

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [For Action]: Submit Inspection Follow-up Action	Action Required	CHCOOOOO	N241223HCF010		23/12/2024 19:57:06

2. The message content will be displayed. Click the **here** hyperlink to submit the information related to the follow-up action.

The screenshot shows the 'Message Content' page. The 'Inbox (39)' tab is active. The message content is displayed in a light blue box. The text of the message is as follows:

Dear Emily (Main Administrator),

Please click [here](#) to submit the follow-up action response for the inspection findings which is due on 27/12/2024:

Application No: U241223HCF004

Facility name: CHCOOOOO

Thank you.

Regards

Biosafety Branch

Ministry of Health

< Back

Alternately, click the **Applications** tab, **search** for the follow-up action task (application status: **Pending Follow-Up Item Submission**) and select **Submit Follow-up Action** from the **Actions** dropdown.

Inbox (38)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:
U241223HCF004

Application Sub-Type:
Please Select

Facility Name:

Application Status:
All

Application Type:
All

Date Saved/Submitted
From:
dd/mm/yyyy

Date Saved/Submitted To:
dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

20

<< < 1 > >>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
U241223HCF004	CHCOOOOO	New	Inspection Follow-up	Pending Follow-Up Item Submission	23/12/2024 19:57:05	<div><div>Select</div><div>Select</div><div>Submit Follow-up Action</div><div>Request for deadline extension</div></div>

3. The system will redirect to the **Follow-Up Item Submission** page. Click **UPLOAD** to upload the relevant supporting document and **enter** details related to the follow-up action under **Remarks**. Click **SAVE AS DRAFT** at any point to save progress. Click **SUBMIT** to submit the response to MOH for review.

Follow-Up Item Submission

Checklist Item	Item Description	Observations for Follow-up	Action Required	Due Date
1.0	An updated list of authorised personnel is available (check against MOH list). List of personnel vetted by the ISD (for gazette laboratory only)	to follow up and monitor on BATA	monitoring	27/12/2024

Request extension of due date ⓘ

☐

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, BMP.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Attachments

UPLOAD

Remarks *

Remarks History

User	Remarks	Last Update
------	---------	-------------

< Back

CANCEL

SAVE AS DRAFT

SUBMIT

4. If the facility is unable to complete the necessary follow-up by the specified due date, **select Request extension of due date checkbox** and **enter Reason** for requesting the extension and the expected date when the follow-up will be completed. Click **UPLOAD** to select and upload relevant supporting documents and **enter Remarks**. Click **SAVE AS DRAFT** at any point to save progress. Click **SUBMIT** to submit the completed form.
- Note: The request for extension of due date is subject to approval by MOH.*

Follow-Up Item Submission

Checklist Item	Item Description	Observations for Follow-up	Action Required	Due Date
1.0	An updated list of authorised personnel is available (check against MOH list). List of personnel vetted by the ISD (for gazette laboratory only)	to follow up and monitor on BATA	monitoring	27/12/2024

Request extension of due date ☒

Reason for extension *

The maximum file size per document is 10 MB.

Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, BMP.

Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Attachments

UPLOAD

Remarks *

Remarks History

User	Remarks	Last Update
------	---------	-------------

< Back

CANCEL

SAVE AS DRAFT

SUBMIT

5. Upon submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

Follow-Up Item Submission

Your submission is successful.

Application Number	Date & Time
U241223HCF004	23/12/2024 20:12:49

PRINT

HOME

6. From the Dashboard, click the **Applications** tab. Verify that the status of the inspection task is **Pending MOH**.

Inbox (38)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Application Sub-Type:

Please Select

Facility Name:

Application Status:

All

Application Type:

All

Date Saved/Submitted From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 32 items

20

<< < 1 2 3 ... > >>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
U241223HCF004	CHCOOOOO	New	Inspection Follow-up	Pending MOH	23/12/2024 19:57:05	N/A

2. CERTIFICATION

Certification is applicable to Certified High Containment (BSL-3) facilities and Certified Maximum Containment (BSL-4) facilities.

2.1. Appoint Approved Facility Certifier (AFC) for Certification

This section describes the steps to indicate the appointed AFC for certification if the information was not provided during the new or renewal application for the facility.

1. The facility receives a notification to indicate Appointed AFC for Facility Certification with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows the 'Inbox (2)' tab selected. The message list contains one item with the subject 'MOH Biosafety - (For Action): Indicate Appointed AFC for Facility Certification'. The message details are as follows:

Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
MOH Biosafety - (For Action): Indicate Appointed AFC for Facility Certification	Action Required	CHCF030424_004	N240819HCF077	New Facility Registration	19/08/2024 19:38:13

2. The message content will be displayed. Click the **here** hyperlink to indicate Appointed AFC for Facility Certification.

The message content is displayed in a light blue box. The text reads:

Dear Emily (Main Administrator),

Please indicate the appointed AFC for certification for the facility: CHCF030424_004 or mark the existing documents as final, if there are no further comments from the facility and/or MOH.

Please click [here](#) to log in to the System.

Thank you.

Regards
Biosafety Branch
Ministry of Health

< Back

3. The system will redirect to the **AFC Selection** page.

The 'AFC Selection' page has a light blue header. Below the header, there is a question: 'Has the facility appointed an Approved Facility Certifier *'. There are two radio buttons: 'Yes' (unselected) and 'No' (selected). At the bottom, there are two buttons: 'SAVE AS DRAFT' and 'SUBMIT'. A '< Back' link is also present at the bottom left.

4. Select **“Yes”** to indicate that the Facility has appointed an Approved Facility Certifier. System will display selection list for **Select Approved Facility Certifier**.

AFC Selection

Has the facility appointed an Approved Facility Certifier * ? Yes No

Select Approved Facility Certifier * ? Please Select

[< Back](#) SAVE AS DRAFT SUBMIT

5. Select the appointed **Approved Facility Certifier**. Click **SUBMIT**.

AFC Selection

Has the facility appointed an Approved Facility Certifier * ? Yes No

Select Approved Facility Certifier * ? tester

[< Back](#) SUBMIT

6. Upon submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the Dashboard.

AFC Selection

Your selection of AFC has been sent to MOH Officer for review

We will notify you of the status of the application or if additional information is required.

Application Number	Date & Time
A240819HCF021CER001	19/08/2024 19:39:30

PRINT HOME

2.2. Review of Certification Documents

This section describes the steps to submit a response after the facility has reviewed the certification report and relevant supporting documents prepared by the appointed AFC. A maximum of five rounds of review by the facility is allowed. Response from the facility is routed to MOH before it is routed back to the AFC for amendments, where applicable.

During each round of review, the facility has up to 14 days to submit a response to the certification documents. Facilities are strongly advised to review and submit their responses promptly to avoid delay in the registration or renewal registration as the final certification report and supporting documents must be issued before the application for new facility registration or renewal of facility registration can be approved.

1. The facility receives a notification to review the certification report and relevant supporting documents with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows a web interface with a top navigation bar containing links: Inbox (81), Applications, Facilities, Approvals, Certifications/Inspections/Audits, Data Submissions, and Reportable Events. Below the navigation bar are filters for Message Type (Please Select), Submission Type (Please Select), and a search bar (Search your keywords). There are also date filters (Date From: 29/04/2024, Date To: dd/mm/yyyy). A table below shows a list of messages. The first message is selected and highlighted with a red border:

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☒	MOH Biosafety - (For Action): Review the Certification Report	Action Required	CHCF030424_003	N240429HCF076	Renewal of Facility Registration	29/04/2024 17:37:38

2. The message content will be displayed. Click the **here** hyperlink to review the certification reports.

The screenshot shows the 'Message Content' page. The text of the message is displayed in a light blue box:

Dear FA (Main Administrator),

The AFC certification report for CHCF030424_003 is available for your review to ensure the completeness and accuracy of the information captured.

If you have no comments, please mark the document(s) as final. Otherwise, please upload a copy of the document containing your comments.

For details, please click [here](#) to log in to the System.

Thank you.

Regards
Biosafety Branch
Ministry of Health

< Back

3. The system will redirect to the **AFC Certification Documents Review** page. The list of documents uploaded by the MOH-AFC for review will be displayed.

Note: The facility shall provide a response (by selecting either Mark as final or “Replace”) for each document from the MOH-AFC. The facility shall not mark a document as final unless the document has been reviewed and found to be satisfactory with no comments, or no amendments or edits needed.

AFC Certification Documents Review

Application Number R240429HCF008CER001

Facility Name CHCF030424_003

Facility Address 10 Pasir Panjang Road 10-01 117438

Inspection Date

- Upon completion of the review of the Certification Report and other supporting documents provided by the AFC for accuracy and completeness, the facility may (a) mark the document final, if the facility is satisfied and has no comments for the document or (b) upload the document containing the facility's comments/corrections/clarifications.
- Please ensure that the corresponding Document Type is selected for each document that is uploaded.
- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT
- The review cycle for a document would conclude when the document has been marked final by all three parties (the Facility, AFC and MOH), or at the end of 5 rounds of review, whichever is earlier. The last uploaded version of the document would be available in the facility's records.

List of Certification Documents

S/N	Document Name	Document Type	Uploaded by	Upload Date	Round of Review	Actions	AFC	Applicant	MOH
1	Form3.pdf	Inspection/Certification: Equipment Calibration Documents	AFC	29/04/2024	1	REPLACE	☐	☐	☐
2	Form2.pdf	Inspection/Certification: AFC Certification Report and Supporting Documents	AFC	29/04/2024	1	REPLACE	☐	☐	☐
3	Form1.pdf	Inspection/Certification: Action Plan/Response for AFC	AFC	29/04/2024	1	REPLACE	☐	☐	☐

CANCEL SUBMIT

4. Click the **file** hyperlink under **Document Name** to download the document for review.
- (a) Proceed to step 9 directly for documents where the facility has no comments.
- (b) Otherwise, insert comments in the downloaded file and save the updated copy of the document containing the comments, where applicable.

List of Certification Documents

S/N	Document Name	Document Type	Uploaded by	Upload Date	Round of Review	Actions	AFC	Applicant	MOH
1	Form3.pdf	Inspection/Certification: Equipment Calibration Documents	AFC	29/04/2024	1	REPLACE	☐	☐	☐

5. Click **REPLACE** to upload the updated document containing the saved comments (from step 4b).

Mark as final ⓘ									
S/N	Document Name	Document Type	Uploaded by	Upload Date	Round of Review	Actions	AFC	Applicant	MOH
1	Form3.pdf	Inspection/Certification: Equipment Calibration Documents	AFC	29/04/2024	1	REPLACE	☐	☐	☐

6. Click **Browse** to select the updated document, then click **Upload**.

Upload Certification Report

Document Type: Inspection/Certification: Equipment Calibration Documents

File to Upload: Browse

CANCEL UPLOAD

7. The **uploaded document** will be added to the list.

Mark as final ⓘ									
S/N	Document Name	Document Type	Uploaded by	Upload Date	Round of Review	Actions	AFC	Applicant	MOH
1	Example Form A.docx	Inspection/Certification: Equipment Calibration Documents	Applicant	29/04/2024	1	DELETE	☐	☐	☐
2	Form3.pdf	Inspection/Certification: Equipment Calibration Documents	AFC	29/04/2024	1	REPLACE	☐	☐	☐

8. Click **DELETE** to **remove** the uploaded document, if applicable.

Mark as final ⓘ									
S/N	Document Name	Document Type	Uploaded by	Upload Date	Round of Review	Actions	AFC	Applicant	MOH
1	Example Form A.docx	Inspection/Certification: Equipment Calibration Documents	Applicant	29/04/2024	1	DELETE	☐	☐	☐
2	Form3.pdf	Inspection/Certification: Equipment Calibration Documents	AFC	29/04/2024	1	REPLACE	☐	☐	☐

9. Select the **Mark as final** checkbox for documents where the facility has no comments to indicate that facility is satisfied with the document uploaded by the MOH-AFC.

List of Certification Documents									
<div>Mark as final ⓘ</div>									
S/N	Document Name	Document Type	Uploaded by	Upload Date	Round of Review	Actions	AFC	Applicant	MOH
1	Example Form A.docx	Inspection/Certification: Equipment Calibration Documents	Applicant	29/04/2024	1	DELETE	☐	☐	☐
2	Form3.pdf	Inspection/Certification: Equipment Calibration Documents	AFC	29/04/2024	1	REPLACE	☐	☐	☐
3	Form2.pdf	Inspection/Certification: AFC Certification Report and Supporting Documents	AFC	29/04/2024	1	REPLACE	☐	☒	☐
4	Form1.pdf	Inspection/Certification: Action Plan/Response for AFC	AFC	29/04/2024	1	REPLACE	☐	☒	☐

CANCEL

SUBMIT

10. Click **SUBMIT** upon completion of review.

Note: A response (either “Mark as final” or upload of the document with comments) must be indicated for each document uploaded by the MOH-AFC; a document that is not “Mark as final” must be accompanied (i.e. “Replace”) with a new document with comments uploaded by the facility.

AFC Certification Documents Review

Application Number

R240429HCF008CER001

Facility Name

CHCF030424_003

Facility Address

10 Pasir Panjang Road 10-01 117438

Inspection Date

• Upon completion of the review of the Certification Report and other supporting documents provided by the AFC for accuracy and completeness, the facility may (a) mark the document final, if the facility is satisfied and has no comments for the document or (b) upload the document containing the facility's comments/corrections/clarifications.

• Please ensure that the corresponding Document Type is selected for each document that is uploaded.

• The maximum file size per document is 10 MB.

• Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT

• The review cycle for a document would conclude when the document has been marked final by all three parties (the Facility, AFC and MOH), or at the end of 5 rounds of review, whichever is earlier. The last uploaded version of the document would be available in the facility's records.

List of Certification Documents

Mark as final ⓘ

S/N	Document Name	Document Type	Uploaded by	Upload Date	Round of Review	Actions	AFC	Applicant	MOH
1	Example Form A.docx	Inspection/Certification: Equipment Calibration Documents	Applicant	29/04/2024	1	DELETE	☐	☐	☐
2	Form3.pdf	Inspection/Certification: Equipment Calibration Documents	AFC	29/04/2024	1	REPLACE	☐	☐	☐
3	Form2.pdf	Inspection/Certification: AFC Certification Report and Supporting Documents	AFC	29/04/2024	1	REPLACE	☐	☒	☐
4	Form1.pdf	Inspection/Certification: Action Plan/Response for AFC	AFC	29/04/2024	1	REPLACE	☐	☒	☐

CANCEL

SUBMIT

11. Upon successful submission, an **Acknowledgment** message will be displayed. Click **HOME** to return to the **Dashboard**.

AFC Certification Documents Review

Your submission is successful.

Application Number	Date & Time
R240429HCF008CER001	29/04/2024 17:56:11

PRINT

HOME

12. From the **Dashboard**, click the **Certifications/Inspections/Audits** tab. Verify that the status of the certification task is **Pending MOH**.
*Note: Once the Certification Report has been finalised, the Application status will reflect **Approved**. A **Download** button will be displayed to enable downloading of the final certification report and supporting documents.*

Inbox (80)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.: R240429HCF008CER001

Facility Name:

Last Updated Date From: dd/mm/yyyy

Last Updated Date To: dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<< < 1 > >>

Application No.	Application Sub-Type	Application Status	Facility Name	Facility Address	Last Updated	Download
R240429HCF008CER001	Facility Registration	Pending MOH	CHCF030424_003	10 Pasir Panjang Road 10-01 117438	29/04/2024 17:56:11	

3. AUDIT (Emergency Response Preparedness)

There are two types of audits for emergency response preparedness, namely “Audit by MOH” and “Facility Self-Audit”. The system will notify the facility of the type of audit that the facility will be subjected to, where applicable, for each calendar year. Refer to [MOH HALP Internet - Facility User Guide Part 3 Section 3.1 Audit by MOH](#) and [MOH HALP Internet - Facility User Guide Part 3 Section 3.2 Facility Self-Audit](#) respectively for the applicable steps related to the respective type of audit.

3.1. Audit By MOH

This section describes the steps to submit information related to audit by MOH at the following stages:

- a. [Stage 1: Indicate Preferred Audit Date](#)
- b. [Stage 2: Submit Pre-Audit Checklist](#)
- c. [Stage 3: Submit Response after Review of Draft Audit Report](#)
- d. [Stage 4: Retrieve Final Audit Report](#)
- e. [Stage 5: Submit Information on Follow-up Action for Audit Findings](#)

3.1.1. Stage 1: Indicate Preferred Audit Date

This section describes the steps to indicate the preferred audit date when audit by MOH is indicated.

1. The facility receives a **notification** to submit the preferred audit date with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot displays the MOH HALP Internet - Facility User Interface. At the top, there is a navigation bar with tabs: Inbox (2), Applications, Facilities, Approvals, Certifications/Inspections/Audits, Data Submissions, and Reportable Events. Below the navigation bar, there are filters for Message Type (Please Select), Submission Type (Please Select), and a search bar (Search your keywords). There are also date filters: Date From (06/05/2024) and Date To (dd/mm/yyyy). Below the filters, there is a table with 1-1 out of 1 items. The table has columns: Subject, Message Type, Facility Name, Reference Number, Submission Type, and Date of Notification. The table contains one row with the following data: Subject: [MOH Biosafety – \(For Action\): Schedule Appointment for Emergency Response Drill Audit](#), Message Type: Action Required, Facility Name: CHCFsmk_030524_001, Reference Number: N240506HCF045, Submission Type: (blank), and Date of Notification: 06/05/2024 14:57:36. Below the table, there are two buttons: ARCHIVE and ACCESS ARCHIVE.

Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
MOH Biosafety – (For Action): Schedule Appointment for Emergency Response Drill Audit	Action Required	CHCFsmk_030524_001	N240506HCF045		06/05/2024 14:57:36

2. The message content will be displayed. Click the **here** hyperlink to indicate the preferred audit date.

Message Content

Dear Daniel (Main Administrator),

MOH will be conducting an audit of the coming Emergency Response Drill for your facility, CHCFsmk_030524_001.

Please note that you are required to complete and submit a pre-audit checklist at least one week before the audit date.

For details, please click **here** to log in to the System to indicate the preferred date range for the audit by MOH.

Thank you.

Regards
Biosafety Branch
Ministry of Health

[< Back](#)

Alternatively, click the **Applications** tab, select **Submit Preferred Appointment Date** from the **Actions** dropdown for the task with status **Pending Appointment Scheduling**.

Applications

Application No.: T240506HCF002 Application Sub-Type: Please Select

Facility Name: Application Status: All

Application Type: All

Date Saved/Submitted From: dd/mm/yyyy Date Saved/Submitted To: dd/mm/yyyy

[CLEAR](#) [SEARCH](#)

1-1 out of 1 items 10

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
T240506HCF002	CHCFsmk_030524_001	Audit	Audit by MOH	Pending Appointment Scheduling	06/05/2024 15:21:18	<div><div>Select</div><div>Select</div><div>Submit Preferred Appointment Date</div><div>Request to Cancel Audit</div></div>

3. The system will redirect to the **Indicate Preferred Audit Date** page. Select the **Preferred Date Range for Audit**. Click **SUBMIT**.

Indicate Preferred Audit Date

Preferred Date Range for Audit (Start) *

Preferred Date Range for Audit (End) *

Remarks

4. Upon successful submission, an **Acknowledgement** message will be displayed. Click **Back** to return to the **Dashboard**.

Indicate Preferred Audit Date

You have successfully submitted the preferred audit date

[< Back](#)

5. From the **Dashboard**, click the **Applications** tab. Verify that the status of the audit task is **Pending MOH**.

Inbox (2) **Applications** Facilities Approvals Certifications/Inspections/Audits Data Submissions Reportable Events

Application No.: T240506HCF002 Application Sub-Type: Please Select

Facility Name: Application Status: All

Application Type: All

Date Saved/Submitted From: dd/mm/yyyy Date Saved/Submitted To: dd/mm/yyyy

1-1 out of 1 items 10

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
T240506HCF002	CHCFsmk_030524_001	Audit	Audit by MOH	Pending MOH	06/05/2024 15:21:18	Select

3.1.2. Stage 2: Submit Pre-Audit Checklist

This section describes the steps to submit the pre-audit checklist after the audit date has been confirmed when audit by MOH is indicated.

1. The facility receives a **notification** to submit the pre-audit checklist with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

Note: The facility shall submit the pre-audit checklist at least 7 days before scheduled audit. Otherwise, MOH may cancel and reschedule the audit.

The screenshot shows the 'Inbox (1)' tab selected. The message list contains two entries. The second entry is highlighted with a red border:

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety -- (For Action): Schedule Appointment for Emergency Response Drill Audit	Action Required	CHCFsmk_030524_001	N240506HCF045		06/05/2024 14:57:36
☐	MOH Biosafety -- (For Action): Submission of Pre-Audit Checklist for Emergency Response Drill Audit	Action Required	CHCFsmk_030524_001	N240506HCF052		06/05/2024 15:30:48

2. The message content will be displayed. Click the **here** hyperlink to submit the pre-audit checklist.

The screenshot shows the 'Message Content' page. The email body text is as follows:

Dear Daniel (Main Administrator),

The MOH audit of the Emergency Response Drill for your facility, CHCFsmk_030524_001, has been scheduled on 20/05/2024.

For details, please click [here](#) to log in to the System to complete and submit the pre-audit checklist before 20/05/2024.

Thank you.

Regards
Biosafety Branch
Ministry of Health

< Back

Alternatively, click the **Applications** tab, select **Submit Checklist** from the **Actions** dropdown for the task with status **Pending Checklist Submission**.

Inbox (0)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:
T240506HCF002

Application Sub-Type:
Please Select

Facility Name:

Application Status:
All

Application Type:
All

Date Saved/Submitted From:
dd/mm/yyyy

Date Saved/Submitted To:
dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<< < 1 > >>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
T240506HCF002	CHCFsmk_030524_001	Audit	Audit by MOH	Pending Checklist Submission	06/05/2024 15:21:18	<div><div>Select</div><div>Select</div><div>Submit Checklist</div><div>Request to Cancel Audit</div></div>

3. The system will redirect to the **Pre-Audit Checklist Submission** page. Click **DOWNLOAD** to download the pre-audit checklist excel template.

Pre-Audit Checklist Submission

S/N	Facility Name	Facility Classification	Action
1	CHCFsmk_030524_001	Certified High Containment (BSL-3) Facility	<div><div>DOWNLOAD</div><div>UPLOAD</div><div>UPLOAD SCENARIO</div></div>

< Back

CANCEL

SUBMIT

4. Open the downloaded **Pre-Audit Checklist** excel template.

	Item	Cat Score	Score Awarded	Remarks (include details to substantiate score awarded)
1				
2	Emergency Response Plan & Protocol (40 points)			
3	1	The facility has an updated ERP and protocol, comprised of	40	
4	1.1	Site / Plan layout diagrams	2	
5	1.2	A map illustrating emergency control points (e.g. FERT assembly point, evacuee assembly point, first aid point)	2	
6	1.3	The emergency contact list that is known and easily accessible by all staff (supervisor, security at counter, 995 and nearby emergency medical provider)	3	
7	1.4	The list of FERT member	3	
8	1.5	The list of case scenario and SOP to deal with the scenario	10	
9	1.6	The activation procedure	5	
10	1.7	The ERP and protocol is reviewed and approved by the authority	5	
11	1.8	The ERP and protocol have been tested and shown to be practical (please specify date)	10	
12	Equipment Readiness and Maintenance Records (30 points)			
13	2	The following equipment/materials are available, sufficient and well maintained	30	
14	2.1	Fire suppression equipment (e.g. fire extinguishers, hoses)	5	
15	2.2	Spill kit – Biological (e.g. tongs, forceps, absorbent towels, biohazard bags)	5	
16	2.3	Personal protective equipment (e.g. respiratory protection, gloves, boot covers, protective clothing suits, mucosa protection)	5	
17	2.4	Disinfectant	5	
18	2.5	Rescue equipment (e.g. stretchers, transfer blanket, first aid box)	5	
19	2.6	Communication equipment	5	
20	Training Records (30 points)			
21	3	The following training records are available	30	
22	3.1	For FERT	10	
23	3.2	For personnel handling the scheduled agents	8	
24	3.3	For supporting staff who may access the facility but not handle the scheduled agents (e.g. for facility maintenance, housekeeping)	7	
25	3.4	The facility has a regular training program or refresher program for the FERT and personnel working in the facility	5	
26				
27				
28				
29				

5. Fill the **Score Awarded** and **Remarks** (include details to substantiate the score awarded).
Save the excel document.

*Note: The **Cat Score** denotes the maximum score for the checklist item. The **Score Awarded** for the first checklist item in each section is to be computed by tallying the **Score Awarded** for the rest of the items in the section.*

	Item	Cat Score	Score Awarded	Remarks (include details to substantiate score awarded)
Emergency Response Plan & Protocol (40 points)				
1	The facility has an updated ERP and protocol, comprised of	40	35	Sample comments
1.1	Site / Plan layout diagrams	2	2	Sample comments
1.2	A map illustrating emergency control points (e.g. FERT assembly point, evacuee assembly point, first aid point)	2	2	Sample comments
1.3	The emergency contact list that is known and easily accessible by all staff (supervisor, security at counter, 995 and nearby emergency medical provider)	3	1	Sample comments
1.4	The list of FERT member	3	2	Sample comments
1.5	The list of case scenario and SOP to deal with the scenario	10	10	Sample comments
1.6	The activation procedure	5	3	Sample comments
1.7	The ERP and protocol is reviewed and approved by the authority	5	5	Sample comments
1.8	The ERP and protocol have been tested and shown to be practical (please specify date)	10	10	Sample comments
Equipment Readiness and Maintenance Records (30 points)				

6. Click **UPLOAD** to upload the completed excel checklist.

Pre-Audit Checklist Submission

S/N	Facility Name	Facility Classification	Action
1	CHCFsmk_030524_001	Certified High Containment (BSL-3) Facility	DOWNLOAD UPLOAD UPLOAD SCENARIO

[< Back](#)

[CANCEL](#)
[SUBMIT](#)

7. Click **UPLOAD** and select the completed excel checklist.

Pre-Audit Checklist Submission

Please upload pre-audit checklist

- The maximum allowable file size for each upload is 10MB.
- Acceptable file formats is XLSX.
- You may download the template by clicking [here](#).

Pre-audit Checklist

[UPLOAD](#)

[< Back](#)

[CANCEL](#)
[SAVE AS DRAFT](#)

8. Click **SAVE AS DRAFT** to return to the **pre-audit checklist submission** page.

Pre-Audit Checklist Submission

Please upload pre-audit checklist

- The maximum allowable file size for each upload is 9MB.
- Acceptable file formats is XLSX.
- You may download the template by clicking [here](#).

Pre-audit Checklist

[Pre-Audit Checklist.xlsx](#) (11.0KB) DELETE

UPLOAD

[< Back](#)

CANCEL **SAVE AS DRAFT**

9. Click **UPLOAD SCENARIO**.

Pre-Audit Checklist Submission

S/N	Facility Name	Facility Classification	Action
1	CHCFsmk_030524_001	Certified High Containment (BSL-3) Facility	DOWNLOAD UPLOAD UPLOAD SCENARIO

[< Back](#)

CANCEL **SUBMIT**

10. Click **Browse** to select the **Drill Scenario** document and click **UPLOAD**.

Note: Facility shall submit the planned scenario for the emergency response drill along with the pre-audit checklist.

Upload Scenario Document

Document Type **Drill Scenario**

File to Upload **Browse**

CANCEL **UPLOAD**

11. System will redirect to the **Pre-Audit Checklist Submission** page. Click **SUBMIT**.

Pre-Audit Checklist Submission

S/N	Facility Name	Facility Classification	Action
1	CHCFsmk_030524_001	Certified High Containment (BSL-3) Facility	<div> <div>DOWNLOAD</div> <div>UPLOAD</div> <div>UPLOAD SCENARIO</div> </div>

[< Back](#)

CANCEL

SUBMIT

12. Upon successful submission, an **Acknowledgement** message will be displayed. Click **DONE** to return to the **Dashboard**.

Pre-Audit Checklist Submission

Acknowledgement

Your submission is successful.

DONE

13. From the **Dashboard**, click the **Applications** tab. Verify that the status of the audit task is **Pending MOH**.

Inbox (0)

Applications

Facilities

Approvals

Certifications/Inspections/Audits

Data Submissions

Reportable Events

Application No.:

T240506HCF002

Application Sub-Type:

Please Select

Facility Name:

Application Status:

All

Application Type:

All

Date Saved/Submitted From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<<

<

1

>

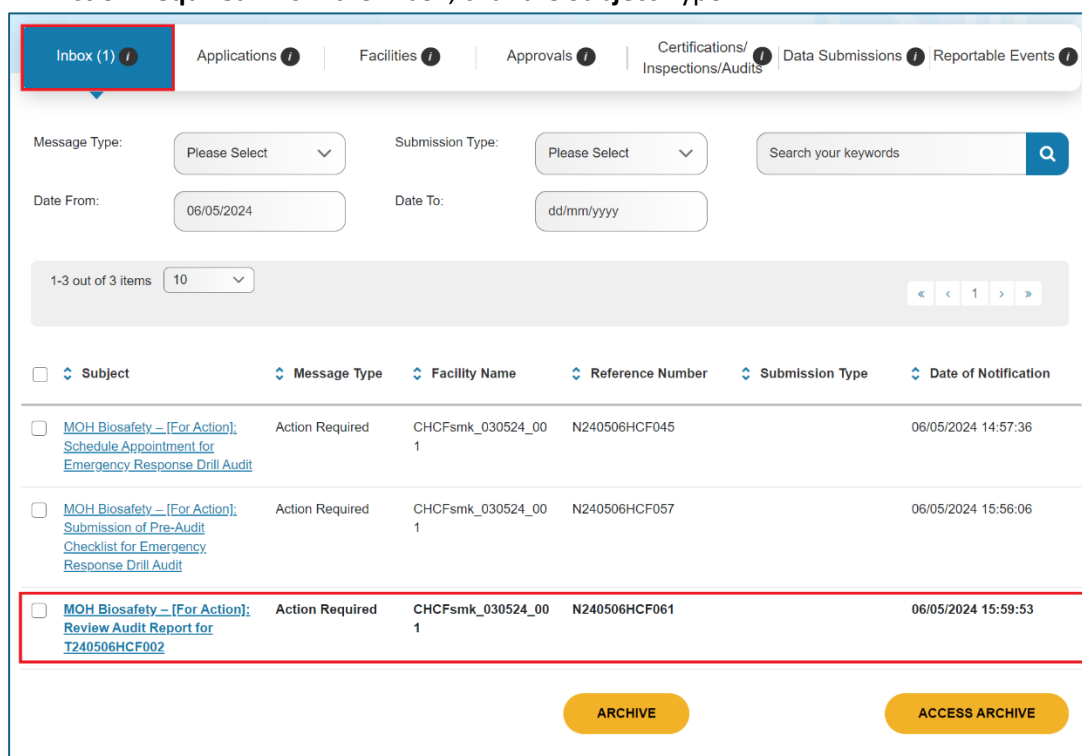
>>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
T240506HCF002	CHCFsmk_030524_001	Audit	Audit by MOH	Pending MOH	06/05/2024 15:21:18	<div>Select</div>

3.1.3. Stage 3: Submit Response after Review of Draft Audit Report

This section describes the steps to submit a response after reviewing the draft audit report following audit by MOH. The focus of the review is to ensure the accuracy and completeness of the information captured.

1. The facility receives a **notification** to review the (draft) **audit report** with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.



Inbox (1) Applications Facilities Approvals Certifications/Inspections/Audits Data Submissions Reportable Events

Message Type: Please Select Submission Type: Please Select Search your keywords Q

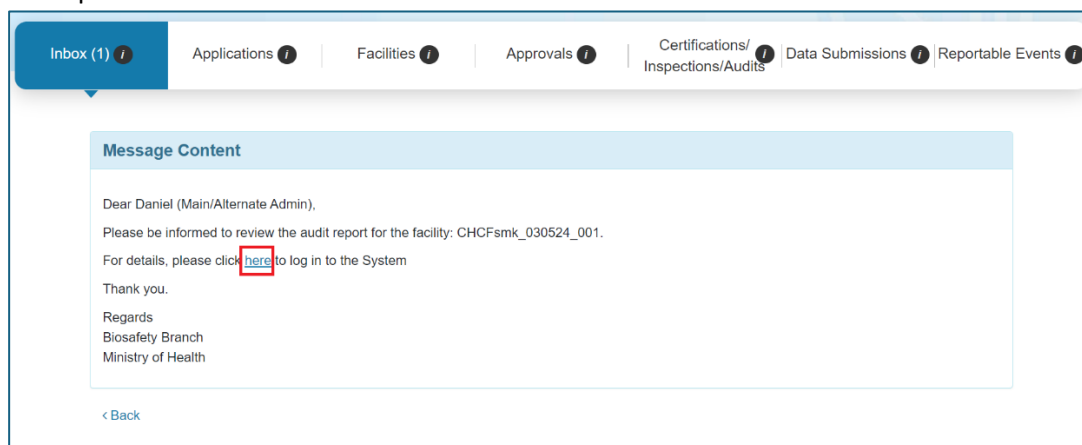
Date From: 06/05/2024 Date To: dd/mm/yyyy

1-3 out of 3 items 10 « < 1 > »

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [For Action]: Schedule Appointment for Emergency Response Drill Audit	Action Required	CHCFsmk_030524_001	N240506HCF045		06/05/2024 14:57:36
☐	MOH Biosafety - [For Action]: Submission of Pre-Audit Checklist for Emergency Response Drill Audit	Action Required	CHCFsmk_030524_001	N240506HCF057		06/05/2024 15:56:06
☐	MOH Biosafety - [For Action]: Review Audit Report for T240506HCF002	Action Required	CHCFsmk_030524_001	N240506HCF061		06/05/2024 15:59:53

ARCHIVE ACCESS ARCHIVE

2. The message content will be displayed. Click the **here** hyperlink to review the draft audit report.



Inbox (1) Applications Facilities Approvals Certifications/Inspections/Audits Data Submissions Reportable Events

Message Content

Dear Daniel (Main/Alternate Admin),

Please be informed to review the audit report for the facility: CHCFsmk_030524_001.

For details, please click [here](#) to log in to the System

Thank you.

Regards
Biosafety Branch
Ministry of Health

[< Back](#)

Alternatively, click the **Applications** tab, select **Submit Response** from the **Actions** dropdown for the audit task with status **Pending Applicant Input**.

Inbox (0)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:
T240506HCF002

Application Sub-Type:
Please Select

Facility Name:

Application Status:
All

Application Type:
All

Date Saved/Submitted From:
dd/mm/yyyy

Date Saved/Submitted To:
dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items10

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

T240506HCF002

CHCFsmk_030524_001

Audit

Audit by MOH

Pending Applicant Input

06/05/2024 15:21:18

Select

Select

Submit Response

Request to Cancel Audit

3. System will redirect to the **Audit Report Review** page.

Audit Report Review

Audit Report

[Audit Report by MOH_sample.docx](#)

Attachments

UPLOAD

☐ No Comment for Audit Report

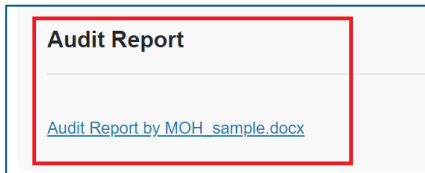
< Back

CANCEL

SAVE AS DRAFT

SUBMIT

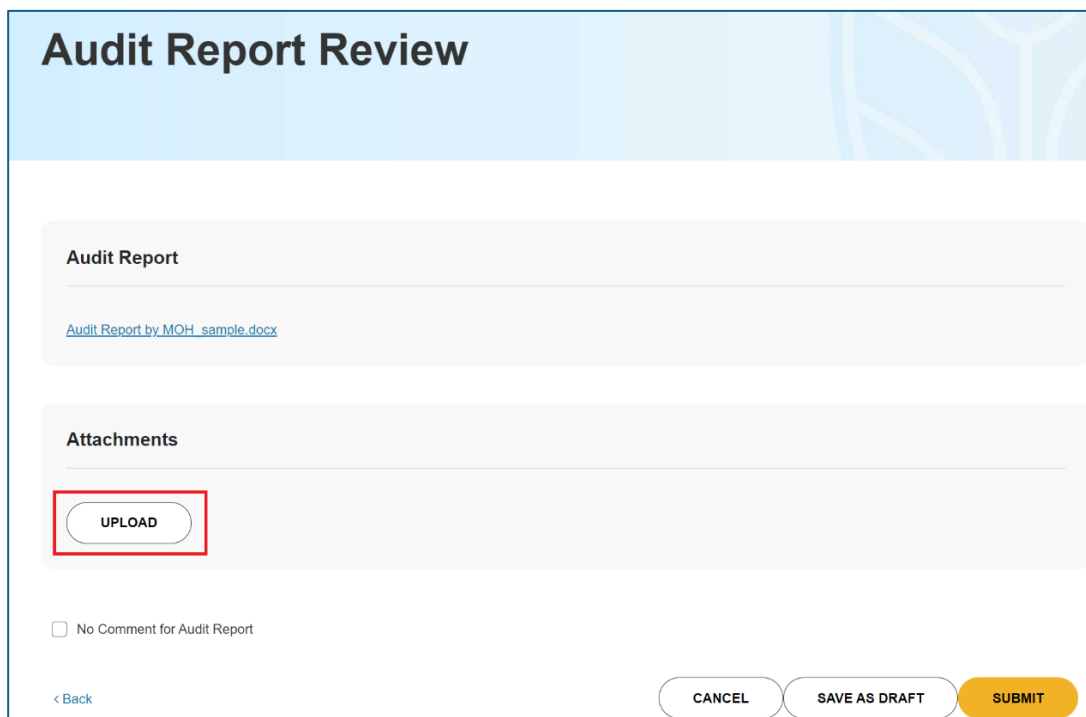
- Click the **file** hyperlink under **Audit Report** to download the draft audit report for review. Insert comments in the downloaded audit report and save an updated copy of the audit report containing the comments, where applicable. Proceed to step 6 directly if the facility has no comments on the audit report.



A screenshot of a web interface showing a section titled "Audit Report". Below the title is a horizontal line, and then a blue hyperlink text that reads "Audit Report by MOH_sample.docx". A red rectangular box highlights the title and the link.

- Click **UPLOAD** to select and upload the updated copy of the audit report containing the comments.

Note: Save as Draft can be used to save the uploaded document without submitting, if needed.



A screenshot of a web page titled "Audit Report Review". The page has a light blue header. Below the header, there is a section titled "Audit Report" with a horizontal line and a blue hyperlink "Audit Report by MOH_sample.docx". Below this is a section titled "Attachments" with a horizontal line. Under "Attachments", there is a button labeled "UPLOAD" which is highlighted with a red rectangular box. At the bottom left, there is a checkbox labeled "No Comment for Audit Report". At the bottom right, there are three buttons: "CANCEL", "SAVE AS DRAFT", and "SUBMIT". A "< Back" link is located at the bottom left of the page.

6. If there are no comments on the audit report, **mark** the checkbox for **No Comment for Audit Report**.

Audit Report Review

Audit Report

[Audit Report by MOH_sample.docx](#)

Attachments

UPLOAD

☐ No Comment for Audit Report

[< Back](#)

CANCEL

SAVE AS DRAFT

SUBMIT

7. Click **SUBMIT**.

Audit Report Review

Audit Report

[Audit Report by MOH_sample.docx](#)

Attachments

[Audit Report by MOH_Applicant ver.docx](#)(11.9KB) Select Document Type:

Facility: Other Supporting Documents

DELETE

UPLOAD

☐ No Comment for Audit Report

[< Back](#)

CANCEL

SAVE AS DRAFT

SUBMIT

8. Upon successful submission, an **Acknowledgement** message will be displayed. Click **Back** to return to the **Dashboard**.

Audit Report Review

Your submission is successful.

[< Back](#)

9. From the **Dashboard**, click the **Applications** tab. Verify that the status of the audit task is **Pending MOH**.

Inbox (0)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.: T240506HCF002

Application Sub-Type: Please Select

Facility Name:

Application Status: All

Application Type: All

Date Saved/Submitted From: dd/mm/yyyy

Date Saved/Submitted To: dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items 10

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

T240506HCF002

CHCFsmk_030524_001

Audit

Audit by MOH

Pending MOH

06/05/2024 15:21:18

Select

3.1.4. Stage 4: Retrieve Final Audit Report

This section describes the steps to retrieve the final audit report.

1. The facility receives a **notification** with **Message Type: Notification** that the final inspection report is issued. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows the 'Inbox (35)' tab selected. The interface includes filters for Message Type, Submission Type, Date From, and Date To, along with a search bar. A table lists messages, with the first message highlighted by a red box. The message details are as follows:

	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety – [Notification]: Issuance of Audit Report	Notification – System generated email notification	CHCF Comp001	N241220HCF035		20/12/2024 20:32:04

2. The message content will be displayed.

The screenshot shows the 'Message Content' section. The message text is as follows:

Dear Emily (Main/Alternate Admin),

The final report for your facility's the Emergency Response Drill Audit is now available in the HALP System.

For details, please click [here](#) to log in to the System to access the system to view the report.

Thank you.

Regards
Biosafety Branch
Ministry of Health

< Back

3. Click the **Certifications/Inspections/Audits** tab.

The screenshot shows the 'Certifications/Inspections/Audits' tab selected. The interface includes filters for Application No., Facility Name, Last Updated Date From, and Last Updated Date To, along with a search bar. A table lists applications, with the first application highlighted by a red box. The application details are as follows:

Application No.	Application Sub-Type	Application Status	Facility Name	Facility Address	Last Updated	Download
T241220HCF002	Audit by MOH	Approved	CHCF Comp001	10 Pasir Panjang Road 10-01 117438	20/12/2024 20:32:04	DOWNLOAD

4. Click the **Application No.** hyperlink to view the final audit report.

Inbox (34)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Facility Name:

Last Updated Date From:

dd/mm/yyyy

Last Updated Date To:

dd/mm/yyyy

CLEAR

SEARCH

1-5 out of 5 items

20

<<<1>>>

Application No.	Application Sub-Type	Application Status	Facility Name	Facility Address	Last Updated	Download
T241220HCF002	Audit by MOH	Approved	CHCF Comp001	10 Pasir Panjang Road 10-01 117438	20/12/2024 20:32:04	DOWNLOAD

Audit Report

[Audit Report.xlsx](#) (625.3KB) Document Type: Audit: Emergency Response Drill Report

< Back

5. Click **Download** to download the report.

Inbox (35)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Facility Name:

Last Updated Date From:

dd/mm/yyyy

Last Updated Date To:

dd/mm/yyyy

CLEAR

SEARCH

1-5 out of 5 items

20

<<<1>>>

Application No.	Application Sub-Type	Application Status	Facility Name	Facility Address	Last Updated	Download
T241220HCF002	Audit by MOH	Approved	CHCF Comp001	10 Pasir Panjang Road 10-01 117438	20/12/2024 20:32:04	DOWNLOAD

MOH_Audit_Report.zip

626 KB • Done

3.1.5. Stage 5: Submit Information on Follow-up Action for Audit Findings

This section describes the steps to submit details related to the follow-up actions taken by the facility to address findings identified during audit by MOH.

1. The facility receives a notification to submit the information related to **follow-up action** for audit findings with the **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows the 'Inbox (2)' tab selected in the top navigation bar. Below the navigation bar, there are filters for 'Message Type' and 'Submission Type', both set to 'Please Select'. A search bar with the placeholder 'Search your keywords' is also present. The date range is set from '06/05/2024' to 'dd/mm/yyyy'. The table below shows 4 items, with 10 items per page. The third item is highlighted with a red box.

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety - [For Action]: Schedule Appointment for Emergency Response Drill Audit	Action Required	CHCFsmk_030524_001	N240506HCF045		06/05/2024 14:57:36
☐	MOH Biosafety - [For Action]: Submission of Pre-Audit Checklist for Emergency Response Drill Audit	Action Required	CHCFsmk_030524_001	N240506HCF057		06/05/2024 15:56:06
☐	MOH Biosafety - [For Action]: Submit Audit Follow-up Action	Action Required	CHCFsmk_030524_001	N240506HCF063		06/05/2024 16:08:52
☐	MOH Biosafety - [Notification]: Issuance of Audit Report	Notification - System generated email notification	CHCFsmk_030524_001	N240506HCF065		06/05/2024 16:08:52

2. The message content will be displayed. Click the **here** hyperlink to submit the information related to the follow-up action.

The screenshot shows the 'Message Content' page. The message is addressed to 'Dear Daniel (Main/Alternate Admin)'. It states: 'Please submit the follow-up action response which is due on 10/05/2024 for the audit findings:'. It provides the 'Application No: U240506HCF005' and 'Facility name: CHCFsmk_030524_001'. It then says: 'For details, please click [here](#) to log in to the System.' The word 'here' is highlighted with a red box. The message ends with 'Thank you.', 'Regards', 'Biosafety Branch', and 'Ministry of Health'. A '< Back' link is at the bottom left.

Alternately, click the **Applications** tab, **search** for the follow up action task (application status: **Pending Follow-Up Item Submission**) and select **Submit Follow-up Action** from the **Actions** dropdown.

Inbox (1)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:
U240506HCF005

Application Sub-Type:
Please Select

Facility Name:

Application Status:
All

Application Type:
All

Date Saved/Submitted From:
dd/mm/yyyy

Date Saved/Submitted To:
dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<<< < 1 > >>>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
U240506HCF005	CHCFsmk_030524_001	Audit	Audit Follow-up	Pending Follow-Up Item Submission	06/05/2024 16:08:52	<div><div>Select</div><div>Select</div><div>Submit Follow-up Action</div><div>Request for deadline extension</div></div>

3. The system will redirect to **Follow-Up Item Submission** page. Click **UPLOAD** to upload the relevant supporting document and **enter Remarks**. Click **SAVE AS DRAFT** at any point to save progress. Click **SUBMIT** to submit the response to MOH for review.

Follow-Up Item Submission

S/N	Item Description	Observations for Follow-up	Action Required	Due Date
1	Item1 of Audit Follow-Up Sample	Required	Yes	10/05/2024

Request extension of due date

The maximum file size per document is 10 MB.

Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.

Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Attachments

UPLOAD

Remarks *

Remarks History

User	Remarks	Last Update
------	---------	-------------

CANCEL

SAVE AS DRAFT

SUBMIT

4. If the facility is unable to complete the necessary follow-up by the specified due date, **select Request extension of due date checkbox** and **enter Reason** for requesting the extension and the expected date when the follow-up will be completed. Click **UPLOAD** to select and upload relevant supporting documents and **enter Remarks**. Click **SAVE AS DRAFT** at any point to save progress. Click **SUBMIT** to submit the completed form.
- Note: The request for extension of due date is subject to approval by MOH.*

Follow-Up Item Submission

S/N	Item Description	Observations for Follow-up	Action Required	Due Date
1	Item1 of Audit Follow-Up Sample	Required	Yes	10/05/2024

Request extension of due date ☒

Reason for extension *

- The maximum file size per document is 10 MB.
- Acceptable file formats: PDF, PNG, JPG, JPEG, DOC, DOCX, CSV, XLS, XLSX, TXT.
- Please ensure that the corresponding Document Type is selected for each document uploaded under Others.

Attachments

UPLOAD

Remarks *

Remarks History

User	Remarks	Last Update
------	---------	-------------

CANCEL

SAVE AS DRAFT

SUBMIT

5. Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

Follow-Up Item Submission

Your submission is successful.

PRINTHOME

6. From the Dashboard, click the **Applications** tab. Verify that the status of the audit task is **Pending MOH**.

Inbox (0)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:
U240506HCF005

Application Sub-Type:
Please Select

Facility Name:

Application Status:
All

Application Type:
All

Date Saved/Submitted From:
dd/mm/yyyy

Date Saved/Submitted To:
dd/mm/yyyy

CLEAR

SEARCH

1-1 out of 1 items

10

<< < 1 > >>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
U240506HCF005	CHCFsmk_030524_001	Audit	Audit Follow-up	Pending MOH	06/05/2024 16:08:52	N/A

3.2. Facility Self-Audit

This section describes the steps to submit information related to facility self-audit at the following stages:

- a. [Stage 1: Indicate Self-Audit Date](#)
- b. [Stage 2: Submit Self-Audit Report Submission](#)

3.2.1. Stage 1: Indicate Self-Audit Date

This section describes the steps to indicate the planned audit date when self-audit is indicated.

1. The facility receives a **notification** to submit the self-audit date with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

The screenshot shows the 'Inbox (54)' tab selected. Below the navigation bar, there are filters for 'Message Type' and 'Submission Type', both set to 'Please Select'. A search bar is present with the placeholder 'Search your keywords'. Below the filters, a table lists 61 items, with the first 10 displayed. The first item is highlighted with a red box:

☐	Subject	Message Type	Facility Name	Reference Number	Submission Type	Date of Notification
☐	MOH Biosafety – [For Action]: Conduct Self-Audit for Emergency Response Drill and Specify the Date of the Drill/Audit	Action Required	TeCoCH 1001	N250217HCF024		17/02/2025 23:55:35

2. The message content will be displayed. Click the **here** hyperlink to specify the date for the emergency response drill/self-audit.

The screenshot shows the 'Message Content' of the selected notification. The text reads:

Dear acsacc (Main Administrator),

Please be informed that you are required to conduct a self-audit of the emergency response drill for your facility, TeCoCH 1001, by 01/03/2025 and submit the self-audit report via HALP within 14 days of the emergency response drill.

You are required to indicate the date when the emergency response drill for the facility is expected to take place.

For details, please click [here](#) to log in to the System to specify the date for the drill/audit.

Thank you.

Regards
Biosafety Branch
Ministry of Health

< Back

Alternatively, click the **Applications** tab, select **Submit Self-Audit Date** from the **Actions** dropdown for the task with status **Pending Self-Audit Date Selection**.

Inbox (53)ApplicationsFacilitiesApprovalsCertifications/Inspections/AuditsData SubmissionsReportable Events

Application No.:T250217HCF006Application Sub-Type:Please Select

Facility Name:Application Status:All

Application Type:All

Date Saved/Submitted From:dd/mm/yyyyDate Saved/Submitted To:dd/mm/yyyy

CLEARSEARCH

1-1 out of 1 items20<<<1>>>

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
T250217HCF006	TeCoCH 1001	Audit	Facility Self-Audit	Pending Self-Audit Date Selection	17/02/2025 23:55:35	<div>SelectSelectSubmit Self-Audit DateRequest to Cancel Audit</div>

3. The system will redirect to the **Self-Audit Date Selection** page.

Self-Audit Date Selection

Facility NameTeCoCH 1001

Facility ClassificationCertified High Containment (BSL-3) Facility

Audit Period15/02/2025 - 01/03/2025

Date of Emergency Response Drill/Self-Audit *dd/mm/yyyy

Remarks

CANCEL

SAVE AS DRAFT

SUBMIT

4. Enter the **Date of Emergency Response Drill/Self-Audit**. Enter **Remarks**, if applicable. Click **SUBMIT**.

Self-Audit Date Selection

Facility Name

TeCoCH 1001

Facility Classification

Certified High Containment (BSL-3) Facility

Audit Period

15/02/2025 - 01/03/2025

Date of Emergency Response Drill/Self-Audit *

18/02/2025

Remarks

Sample Comments

CANCEL

SAVE AS DRAFT

SUBMIT

5. Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

Specify Self-Audit Date

Your submission is successful.

Self-Audit date: 18/02/2025

We will notify you if any changes are required.

PRINT

HOME

From the **Dashboard**, click the **Applications** tab. Verify that the status of the audit task is **Pending Audit Report Submission**.

Inbox (53)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Application Sub-Type:

Please Select

Facility Name:

Application Status:

All

Application Type:

All

Date Saved/Submitted From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 28 items20

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

T250217HCF006

TeCoCH 1001

Audit

Facility Self-Audit

Pending Audit Report Submission

17/02/2025 23:55:35

Select

3.2.2. Stage 2: Submit Self-Audit Report Submission

This section describes the steps to submit the self-audit report. The facility shall submit the self-audit report within 14 days of the self-audit to avoid suspension of the facility and corresponding approvals.

1. The facility receives a notification to submit the self-audit report with **Message Type: Action Required**. From the **Inbox**, click the **Subject** hyperlink.

New Messages54

Application Drafts0

Active Facilities2

Active Approvals5

Last Login: 03/12/2024 11:16 | Last Activity: Internet Logout, On 03/12/2024

Inbox (54)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Message Type:

Please Select

Submission Type:

Please Select

Search your keywords

Q

Date From:

dd/mm/yyyy

Date To:

dd/mm/yyyy

1-10 out of 62 items20

☐

Subject

Message Type

Facility Name

Reference Number

Submission Type

Date of Notification

☐

[MOH Biosafety – \[For Action\]:
Submit Facility Self-audit
Report](#)

Action Required

TeCoCH 1001

N250218HCF001

18/02/2025 00:35:59

2. The message content will be displayed. Click the **here** hyperlink to submit the self-audit report.

The screenshot shows an email interface with a top navigation bar containing tabs: Inbox (54), Applications, Facilities, Approvals, Certifications/Inspections/Audits, Data Submissions, and Reportable Events. The 'Inbox (54)' tab is selected. Below the navigation bar is a 'Message Content' section. The message text reads: 'Dear acsacc (Main Administrator), Please be reminded to submit the emergency response drill self-audit report for your facility, TeCoCH 1001 by 04/03/2025. The facility may be suspended if the report is not submitted by the specified deadline. For details, please click [here](#) to log in to the System to submit the report. Thank you. Regards Biosafety Branch Ministry of Health'. A red box highlights the 'here' hyperlink. At the bottom left of the message content area is a '< Back' link.

Alternatively, click the **Applications** tab, select **Submit Self-Audit report** from the **Actions** dropdown for the task with status **Pending Audit Report Submission**.

The screenshot shows the 'Applications' tab selected in the top navigation bar. Below the navigation bar is a form with fields for: Application No. (T250217HCF006), Application Sub-Type (Please Select), Facility Name, Application Status (All), Application Type (All), Date Saved/Submitted From (dd/mm/yyyy), and Date Saved/Submitted To (dd/mm/yyyy). There are 'CLEAR' and 'SEARCH' buttons. Below the form is a table with 1-1 out of 1 items. The table has columns: Application No., Facility Name, Application Type, Application Sub-Type, Application Status, Date Saved/Submitted, and Actions. The first row shows: T250217HCF006, TeCoCH 1001, Audit, Facility Self-Audit, Pending Audit Report Submission, 17/02/2025 23:55:35. The 'Actions' column for this row has a dropdown menu with options: Select, Submit Self-Audit report (highlighted with a red box), Request to Cancel Audit, and another Select button.

3. The system will redirect to the **Self-Audit Report Submission** page. Click **FILL**.

The screenshot shows the 'Self-Audit Report Submission' page. It has a header with the title 'Self-Audit Report Submission'. Below the header is a table with columns: S/N, Facility Name, Facility Classification, and Action. The first row shows: 1, TeCoCH 1001, Certified High Containment (BSL-3) Facility, and a button labeled 'FILL' (highlighted with a red box). At the bottom left is a '< Back' link. At the bottom right are 'CANCEL' and 'SUBMIT' buttons.

4. The **Self-Audit Report** template will be displayed. Click **SAVE AS DRAFT** at any point to save progress.

Self-Audit Report Submission

Self-Audit Report Submission

Facility Information

Name of Facility	TeCoCH 1001
Address	10 Pasir Panjang Road 10-01 117438
Facility Classification / Facility Activity Type	Certified High Containment (BSL-3) Facility / Possession of First and/or Second Schedule Biological Agent
Person-in-charge *	<input type="text"/>
Contact Information of person-in-charge *	<input type="text"/>

Emergency Response Preparedness				
SN	Item Description	Cat Score	Score Awarded	Remarks (include details to substantiate score awarded)
Emergency Response Plan & Protocol (40 points)				
1	The facility has an updated the emergency response plan (ERP) and protocol, comprised of*	40	<input type="text"/>	<input type="text"/>
1.1	Site / Plan layout diagrams*	2	<input type="text"/>	<input type="text"/>
1.2	A map illustrating emergency control points (e.g. facility emergency response team (FERT) assembly point, evacuee assembly point, first aid point)*	2	<input type="text"/>	<input type="text"/>
1.3	The emergency contact list that is known and easily accessible by all staff (supervisor, security at counter, 995 and nearby emergency medical provider)*	3	<input type="text"/>	<input type="text"/>
1.4	The list of FERT member*	3	<input type="text"/>	<input type="text"/>
1.5	The list of case scenario and standard operation procedures (SOP) to deal with the scenario*	10	<input type="text"/>	<input type="text"/>
1.6	The activation procedure*	5	<input type="text"/>	<input type="text"/>
1.7	The ERP and protocol are reviewed and approved by the authority*	5	<input type="text"/>	<input type="text"/>
1.8	The ERP and protocol have been tested and shown to be practical (please specify date)*	10	<input type="text"/>	<input type="text"/>

Equipment Readiness and Maintenance Records (30 points)				
2	The following equipment/materials are available, sufficient and well maintained*	30	<input type="text"/>	<input type="text"/>
2.1	Fire suppression equipment (e.g. fire extinguishers, hoses)*	5	<input type="text"/>	<input type="text"/>
2.2	Spill kit - Biological (e.g. tongs, forceps, absorbent towels, biohazard bags)*	5	<input type="text"/>	<input type="text"/>
2.3	Personal protective equipment (e.g. respiratory protection, gloves, boot covers, protective clothing suits, mucosa protection) *	5	<input type="text"/>	<input type="text"/>
2.4	Disinfectant*	5	<input type="text"/>	<input type="text"/>
2.5	Rescue equipment (e.g. stretchers, transfer blanket, first aid box) *	5	<input type="text"/>	<input type="text"/>
2.6	Communication equipment*	5	<input type="text"/>	<input type="text"/>

Training Records (30 points)				
3	The following training records are available*	30	<input type="text"/>	<input type="text"/>
3.1	For FERT*	10	<input type="text"/>	<input type="text"/>
3.2	For personnel handling the scheduled agents*	8	<input type="text"/>	<input type="text"/>
3.3	For supporting staff who may access the facility but not handle the scheduled agents (e.g. for facility maintenance, housekeeping)*	7	<input type="text"/>	<input type="text"/>
3.4	The facility has a regular training program or refresher program for the FERT and personnel working in the facility (please specify the date of the most recent refresher training)*	5	<input type="text"/>	<input type="text"/>

Audit Details

Date of Audit

09/05/2024

Facility Auditor *

Scenario *

Scenario Category *

☐ Category A:

One emergency scenario (e.g. fire or biological spill or casualty) involving facility personnel, where basic response of communication of situational information to relevant person(s) and evacuation is demonstrated.

☐ Category B:

Two emergency scenarios (any of the two, e.g. fire, biological/chemical spill, and/or casualty) involving facility personnel, where one direct response of mitigation or rescue is demonstrated, in addition to the basic response of communication of situational information to relevant person(s) and evacuation.

☐ Category C:

Three or more emergency scenarios (e.g. fire, biological/chemical spill, casualty and/or other lab scenario) involving facility personnel, where two or more direct responses of mitigation and/or rescue is demonstrated, in addition to the basic response of communication of situational information to relevant person(s) and evacuation.

Audit Finding(s)*

Outcome of Audit

Outcome*

☐ Pass with Commendation

☐ Pass

☐ Conditional Pass

☐ Fail

Remarks(if any):

Attachments

UPLOAD

← Back

CANCEL

SAVE AS DRAFT

SUBMIT

5. Enter the **Person-in-charge** and **Contact Information of person-in-charge**.

Self-Audit Report Submission	
Self-Audit Report Submission	
Facility Information	
Name of Facility	TeCoCH 1001
Address	10 Pasir Panjang Road 10-01 117438
Facility Classification / Facility Activity Type	Certified High Containment (BSL-3) Facility / Possession of First and/or Second Schedule Biological Agent
Person-in-charge *	<input type="text"/>
Contact Information of person-in-charge *	<input type="text"/>

6. Fill the **Score Awarded** and **Remarks** (include details to substantiate the indicated score) for all items under the **Emergency Response Plan & Protocol (40 points)** section.

Compute the Score Awarded value for the first item in the section by tallying the **Score Awarded** for the rest of the items in the section.

*Note: The **Cat Score** denotes the maximum score for the item.*

Emergency Response Preparedness				
SN	Item Description	Cat Score	Score Awarded	Remarks (include details to substantiate score awarded)
Emergency Response Plan & Protocol (40 points)				
1	The facility has an updated the emergency response plan (ERP) and protocol, comprised of*	40	<input type="text"/>	<input type="text"/>
1.1	Site / Plan layout diagrams*	2	<input type="text"/>	<input type="text"/>
1.2	A map illustrating emergency control points (e.g. facility emergency response team (FERT) assembly point, evacuee assembly point, first aid point)*	2	<input type="text"/>	<input type="text"/>
1.3	The emergency contact list that is known and easily accessible by all staff (supervisor, security at counter, 995 and nearby emergency medical provider)*	3	<input type="text"/>	<input type="text"/>

7. Fill the **Score Awarded** and **Remarks** (include details to substantiate score awarded) for all items under the **Emergency Readiness and Maintenance Records (30 points)** section. **Compute** the **Score Awarded** value for the first item in the section by tallying the **Score Awarded** for the rest of the items in the section.

*Note: The **Cat Score** denotes the maximum score for the item.*

Equipment Readiness and Maintenance Records (30 points)			
2	The following equipment/materials are available, sufficient and well maintained*	30	<input type="text"/> <input type="text"/>
2.1	Fire suppression equipment (e.g. fire extinguishers, hoses)*	5	<input type="text"/> <input type="text"/>
2.2	Spill kit - Biological (e.g. tongs, forceps, absorbent towels, biohazard bags)*	5	<input type="text"/> <input type="text"/>

8. Fill the **Score Awarded** and **Remarks** (include details to substantiate score awarded) for all items under the **Training Records (30 points)** section. **Compute** the **Score Awarded** value for the first item in the section by tallying the **Score Awarded** for the rest of the items in the section.

*Note: The **Cat Score** denotes the maximum score for the item.*

Training Records (30 points)			
3	The following training records are available*	30	<input type="text"/> <input type="text"/>
3.1	For FERT*	10	<input type="text"/> <input type="text"/>
3.2	For personnel handling the scheduled agents*	8	<input type="text"/> <input type="text"/>

9. Under the **Audit Details**, enter the name of the **Facility Auditor** and the description of the **Scenario**. Select the **Scenario Category**.

Audit Details

Date of Audit09/05/2024

Facility Auditor *

Scenario *

Scenario Category *

☐ Category A:

One emergency scenario (e.g. fire or biological spill or casualty) involving facility personnel, where basic response of communication of situational information to relevant person(s) and evacuation is demonstrated.

☐ Category B:

Two emergency scenarios (any of the two, e.g. fire, biological/chemical spill, and/or casualty) involving facility personnel, where one direct response of mitigation or rescue is demonstrated, in addition to the basic response of communication of situational information to relevant person(s) and evacuation.

☐ Category C:

Three or more emergency scenarios (e.g. fire, biological/chemical spill, casualty and/or other lab scenario) involving facility personnel, where two or more direct responses of mitigation and/or rescue is demonstrated, in addition to the basic response of communication of situational information to relevant person(s) and evacuation.

10. Enter the **Audit Findings** section and select the **Outcome**. Enter **Remarks**, if applicable. Click **UPLOAD** to select and attach supporting documents, if applicable. Click **SUBMIT**.

Audit Finding(s)*

Outcome of Audit

Outcome*

☐ Pass with Commendation

☐ Pass

☐ Conditional Pass

☐ Fail

Remarks(if any):

Attachments

UPLOAD

CANCEL

SAVE AS DRAFT

SUBMIT

11. Click **VIEW** to view the report. Click **EDIT** to make changes to the report. Click **SUBMIT** to submit self-audit report.

Self-Audit Report Submission

S/N	Facility Name	Facility Classification	Action
1	TeCoCH 1001	Certified High Containment (BSL-3) Facility	<div><div>VIEW</div><div>EDIT</div></div>

[< Back](#)

CANCEL

SUBMIT

12. Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

Pending Audit Report Submission

Your submission is successful.

PRINT

HOME

13. From the Dashboard, click the **Applications** tab. Verify that the status of the audit task is **Pending MOH**.

Inbox (53)

Applications

Facilities

Approvals

Certifications/
Inspections/Audits

Data Submissions

Reportable Events

Application No.:

Application Sub-Type:

Please Select

Facility Name:

Application Status:

All

Application Type:

All

Date Saved/Submitted From:

dd/mm/yyyy

Date Saved/Submitted To:

dd/mm/yyyy

CLEAR

SEARCH

1-10 out of 28 items

20

<< < 1 2 3 > >>

Application No.

Facility Name

Application Type

Application Sub-Type

Application Status

Date Saved/Submitted

Actions

T250217HCF006

TeCoCH 1001

Audit

Facility Self-Audit

Pending MOH

17/02/2025 23:55:35

Select

3.3. Request to Cancel Audit

This section describes the steps to submit a request to cancel an emergency response preparedness audit task (applicable to both Audit by MOH and Self-Audit). The request for cancellation must be justified and is subject to approval by MOH.

1. From the **Dashboard**, click the **Applications** tab. Select **Request to Cancel Audit** from the **Actions** dropdown for the audit task.

Inbox (1) **Applications** Facilities Approvals Certifications/Inspections/Audits Data Submissions Reportable Events

Application No.: T240506HCF001 Application Sub-Type: Please Select

Facility Name: Application Status: All

Application Type: All

Date Saved/Submitted From: dd/mm/yyyy Date Saved/Submitted To: dd/mm/yyyy

CLEAR SEARCH

1-1 out of 1 items 10

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
T240506HCF001	CHCFsmk_030524_001	Audit	Audit by MOH	Pending Appointment Scheduling	06/05/2024 14:57:35	<div>Select</div> <div>Select</div> <div>Submit Preferred Appointment Date</div> <div>Request to Cancel Audit</div>

2. The system will redirect to the **Audit Cancellation** page.

Audit Cancellation

Current Audit Information

Facility Name: CHCFsmk_030524_001

Facility Classification: Certified High Containment (BSL-3) Facility

Audit Type: Audit by MOH

Audit Period: 03/05/2024 - 08/06/2024

Audit Date:

Cancellation Reasons *

CANCEL SAVE AS DRAFT SUBMIT

3. Enter Cancellation Reasons and click **SUBMIT**.

Audit Cancellation

Current Audit Information

Facility Name CHCFsmk_030524_001

Facility Classification Certified High Containment (BSL-3) Facility

Audit Type Audit by MOH

Audit Period 03/05/2024 - 08/06/2024

Audit Date

Cancellation Reasons *

CANCEL SAVE AS DRAFT **SUBMIT**

4. Upon successful submission, an **Acknowledgement** message will be displayed. Click **HOME** to return to the **Dashboard**.

Audit Cancellation

Your submission is successful.

PRINT **HOME**

5. From the **Dashboard**, click the **Applications** tab. Verify that the status of the audit task is **Pending MOH**.

Inbox (1) **Applications** Facilities Approvals Certifications/Inspections/Audits Data Submissions Reportable Events

Application No.: T240506HCF001 Application Sub-Type: Please Select

Facility Name: Application Status: All

Application Type: All

Date Saved/Submitted From: dd/mm/yyyy Date Saved/Submitted To: dd/mm/yyyy

CLEAR **SEARCH**

1-1 out of 1 items 10

Application No.	Facility Name	Application Type	Application Sub-Type	Application Status	Date Saved/Submitted	Actions
T240506HCF001	CHCFsmk_030524_001	Audit	Audit by MOH	Pending MOH	06/05/2024 14:57:35	N/A