

Laboratory Integrated Safety Plan

Joint Assessment Checklist

Q#	Question	Weight	Procedure	Observable Evidence
1.1	Is the outside of the laboratory door posted with current emergency contact information and relevant hazard warnings (e.g. biohazards, radioactive materials)?	1	None	Signage is present and current.
1.2	Is the presence of food/drink/cosmetics prohibited in the laboratory? Are refrigerators/freezers/microwaves labeled prohibiting food and drink?	2	CHP	Signage on refrig/freezer/microwaves/blenders/ no visible food/trash
1.3	Where in use, are extension cords in safe working condition and used properly?	2	OSHA 1910.303(g)(1)	Visual - 100% Working space in front of the electrical equipment must be minimum of 30 in. in width and 36 in. in depth.
1.4	Are step stools/ladders periodically inspected and in safe condition?	1	OSHA	Observation/Interview
1.5	Where lights are used for general illumination, are they protected from accidental contact by a fixture or guard?	1	OSHA 1910.305(a)(2)(ix) and 1910.305(j)(i)	Visual/100%
1.6	Are exits and aisles clear - 28 inches wide (office areas are permitted to be 22 inches)?	1	CHP	Observation
1.7	Are floors free of oil, grease, liquids, broken and uneven surfaces, or sharp objects?	1	CHP	Observation
1.8	Is there evidence of a lab housekeeping standard - area is uncluttered, there is not excessive storage of materials, trip hazards, egress access, etc.?	3	CHP	Observation
1.9	Are laboratory hoods within annual certification, if not have they been taken out of service?	1	OSHA	Current hood certification on hood.
1.10	Do laboratory hoods contain minimal clutter?	2	CHP	80% of back vent unobstructed/no chemical containers in the sink/items 6 inches from sash.
1.11	Are gas cylinders and associated piping properly secured? Are safety caps replaced when not in use?	1	CHP	100% secured; Observation/interview.
1.12	Are sharps (needles, razor blades) disposed of in approved sharps containers?	1	Infectious Waste Procedure	Observation
1.13	Are those who operate machines wearing the appropriate PPE and have no loose fitting clothing, hair or jewelry that could become entangled?	1	Metal or Woodworking Shop Policy	Observation of 100% of personnel. If no one using equipment, interview operators.

1.14	Are machines' guards secured and operational?	3	Metal or Woodworking Shop Policy	Observation of 100% of equipment, looking for: -Tongue guard and work rest appropriately adjusted on bench grinders. -Telescoping guard & spring loaded chuck wrench on drill presses. -Chuck guard & spring loaded chuck wrench on lathes. -Fixed guards, two hand controls, light curtains, etc. for power press/brake press.
1.15	Is shelving not overloaded (sagging) and are heavy items (>15 lbs.) stored on lower and middle shelves of storage rooms and cabinets or items are not blocking sprinklers 18" clearance?	3	OSHA	Visual/Physical test
1.16	Other	1	N/A	N/A

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Q#	Question	Weight	Procedure	Observable Evidence
2.1	Is there a list of Personnel available?	1	None	List is present
2.2	Have all active personnel in the laboratory received General Lab Safety training within the last year?	2	CHP	<5 - all records >5 - 75% of records
2.3	Have all appropriate lab personnel been trained on existing lab SOPs?	1	CHP	<5 - all records >5 - 75% of records
2.4	Is there documentation that employees have received machine specific training for the equipment in which they are using?	2	Metal or Woodworking Shop Policy	<5 - all records >5 - 75% of records
2.5	Other	1	N/A	N/A

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3.1	Is the PPE certification form signed by all lab personnel?	1	Personal Protective Equipment Policy	<5 - all records >5 - 75% of records

3.2	Is appropriate eye, face and hand protection used and lab coats worn when handling chemicals, radioactive materials or biological materials?	1	Personal Protective Equipment Policy	Visual observation of: - Insulated gloves for handling cryogenics (dry ice or liquid nitrogen) - Ear plugs or muffs when employees exposed to 85 dBA or greater as 8 hr TWA - Leather gloves, appropriate filter lens or welding helmet for hot work activities
3.3	Is appropriate attire being worn in the lab (safety glasses, closed toed/closed heeled shoes, long pants or long skirts, short sleeved (at a minimum) shirts?	3	Personal Protective Equipment Policy	Observation
3.4	Are employees inspecting, cleaning, and maintaining their lab coats as required?	1	Personal Protective Equipment Policy	Visual and/or verbal conversation
3.5	Have employees who use respiratory protection received an annual medical exam, a respiratory fit test, and training through RMS?	1	Respiratory Protection Policy	<5 - all records >5 - 75% of records
3.6	For employees who voluntarily wear a respirator, have they completed a Voluntary Use form?	1	Respiratory Protection Policy	Review of 100% records
3.7	Other	1	N/A	N/A
Q#	Question	Weight	Procedure	Observable Evidence
4.1	Have all active personnel in the laboratory received emergency response training that includes evacuation procedures and assembly areas for building evacuation, severe weather, and emergency response during an incident (cut, needle stick, chemical burn, fire, chemical spill, etc.?	2	CHP	<5 - all records >5 - 75% of records
4.2	Is the fire extinguisher mounted and inspected monthly? Is access to the fire extinguisher unobstructed? Is fire extinguisher within the annual inspection date.	1	CHP	Area around extinguisher is unobstructed and inspection documentation is current (annual - within 1 year; monthly within 1 month)
4.3	Is there unobstructed access to the safety shower, and annual inspection by facilities is documented ?	3	CHP	Area around safety shower is unobstructed and inspection documentation is current (within 1 year)
4.4	Is there unobstructed access to the eyewash station and inspected monthly?	3	CHP	Monthly inspections documented for each eye wash station and areas around the sink or floor provide clear access to eye wash.
4.5	Other	1	N/A	N/A
Q#	Question	Weight	Procedure	Observable Evidence

5.1	Are all chemical containers properly labeled?	2	CHP	Chemical containers include chemical name and hazard warnings. (includes reaction vessels, oil baths, squirt bottles). - Food products labeled "Not for human consumption" - Labels - legible and in English - Chemical names must be used
5.2	Are all chemical containers in good condition, clean, and closed securely?	1	None	Chemical containers are closed securely: with caps intact (no cracks) and no visible leakages, no spillage. No containers that once held food - Closed reaction vessels in storage - No spillage down sides - No cracked caps
5.3	Are the (M)SDS for all chemicals used readily available to all laboratory personnel?	1	CHP/Hazard Communication Standard	Hard copy or verbal explanation
5.4	Is an inventory of all chemicals taken annually that is documented and includes quantities?	1	CHP	Electronic or hard copy available for review
5.5	Does the lab have appropriate spill response absorbents, neutralizing agents and equipment?	1	CHP	Visual of spill response materials.
5.6	Are the spill response materials in a designated location and employees are aware of the location?	1	CHP	Clearly identified area
5.7	Are time sensitive chemicals (ethers and peroxide formers) dated and within expiration? Are they stored in dark colored glass / metal to avoid reactions with light?	2	Handling Time Sensitive Materials	100% bottles labeled and within expiration
5.8	Are all hazardous materials NOT stored above eye level? - >6 feet	1	CHP	100% hazardous materials on lower shelves
5.9	Does the laboratory contain less than 8 gallons/100 sq. ft. of flammable / combustible liquids (Class I, II, III) stored in cabinets and on bench or hood and no more than 4 gallons/100 sq. ft. out in use?	1	Flammable and Combustible	Count and calculation
5.10	Does the lab allow no more than 2 gallons/100 sq. feet of Class I flammable liquids to be out of a flammable cabinet (on bench top or in hood) and no more than 4 gallons/100 sq. ft. in a storage cabinet.	1	Flammable and Combustible	Count and calculation
5.11	Are incompatible chemicals/wastes segregated appropriately?	2	CHP	Visual inspection : Oxidizers (nitrates, perchlorates, permanganates, sulfuric, nitric and perchloric acids, etc.) and Flammables (acetone, methanol, ethanol, ether) - Water reactives and aqueous solutions
5.12	Is dry ice stored in a well-ventilated location (no walk-in freezers or coolers) and placed in a container designed for the storage of dry ice and are dry ice baths open to the atmosphere?	1	Dry Ice Procedure	Observation
5.13	Other	1	N/A	N/A

Q#	Question	Weight	Procedure	Observable Evidence
6.1	Are waste containers labeled "Waste" or " <u>Hazardous Waste</u> " with each constituent noted on the label?	2	Haz Waste Proc.	Observation
6.2	Are all waste containers capped or closed?	2	Haz Waste Proc.	Observation
6.3	Are waste containers in good condition, leak-proof, clean, and safe for transport?	2	Haz Waste Proc.	Observation
6.4	Is waste stored at or near the point of generation and under the control of the person generating the waste?	1	Haz Waste Proc.	Observation
6.5	Other	1	N/A	N/A
Q#	Question	Weight	Procedure	Observable Evidence
7.1	Are BSL-2 agents secured from unauthorized use or removal?	1	Biosafety Manual	Visual inspection of area: -Locked, and/or not open for any to take and in a certified BSL-2 lab
7.2	Is there appropriate signage on the equipment using agents?	1	CHP/Biosafety Manual	100 % of signage on equipment Biohazard symbol on centrifuges, incubators, liquid nitrogen dewers with samples, freezers, refrigs - Signage on door
7.3	Have all active personnel in the laboratory received Biosafety level 1-2 training within the last year?	1	Biosafety Manual	Record Review: <5 all >5 75%
7.4	Have all active personnel in the laboratory completed BBP training within the last year?	1	BBP	Record Review: <5 all >5 75%
7.5	Have all personnel "At Risk" from BBP received appropriate vaccinations or signed a waiver declining these vaccines?	2	BBP	Record Review: <5 all >5 75%
7.6	Has a protocol been approved by the Institutional Biosafety Committee (IBC) within the last 3 years for the biohazard? Has an IBC Registration Document been approved within the last 3 years for rDNA research that is being conducted in the lab?	2	Biosafety Manual	Protocols are available and current
7.7	In a BSL-2 lab, there are no upholstered chairs/couches or carpeting. Is Biosafety cabinet within its annual certification date?	2	Biosafety Manual (CDC)	Visual

7.8	Are biohazardous wastes contained and decontaminated appropriately?	1	Biosafety Manual/Infectious Waste Procedure	Closed waste container/ Autoclave bags used in lab. Deconned: autoclave, treat with bleach, alcohol or Lysol (as appropriate) - Sealed or deconned prior to removing from cabinet?
7.9	Other	1	N/A	N/A
Q#	Question	Weight	Procedure	Observable Evidence
8.1	Has the use of radiation in this area been approved by the campus Radiation Control Committee?	2	Radiation Safety	Sign on door.
8.2	Is there documentation that all personnel working in the area where the radioactive materials are used and/or stored have been appropriately trained?	1	Radiation Safety	100% of users, 75% of non-users over the first five. Cards must be available for review. Include 2 day a week users.
8.3	Are the records for radioactive material use, contamination surveys, and inventory properly updated and maintained for inspection?	2	Radiation Safety	100% of users, 75% of non-users over the first five. Cards must be available for review. Include 2 day a week users.
8.4	Are work surfaces covered with absorbent paper or are trays used? This is necessary only in the area(s) where open, non-sealed sources of radiation are used.	1	Radiation Safety	Observation
8.5	Is the NRC Form 3 "Notice to Employees" posted in the lab. In labs using machine produced radiation (x-ray machines/accelerators) is ISDH Board Form X on or near the unit or its control panel.	1	Radiation Safety	Observation
8.6	Are all radioactive materials and wastes properly labeled?	2	Radiation Safety	All radioactive material containers must be labeled with the radiation symbol and the name of the isotope and all radioactive wastes containers require the radiation symbol, name of isotope, and the following wording "Radioactive Waste- Do Not Remove"
8.7	Are all radioactive materials and wastes properly secured against unauthorized use or removal?	2	Radiation Safety	Door locked when no one in lab; or in locked storage unit. This includes rad waste.
8.8	Is the Radiation Safety Manual available in the room and have personnel been informed of its location?	1	Radiation Safety	2007 Edition present and available for review.
8.9	Other	1	N/A	N/A
Q#	Question	Weight	Procedure	Observable Evidence
9.1	Have all lasers and laser areas been approved by the campus Laser Safety Officer?	2	Laser/UV Safety Protocol	Verify with Laser Safety Officer.

9.2	Are laser use areas identified by the proper signage, including lighted signs for Class 4 lasers?	2	Laser/UV Safety Protocol	Proper (3B or 4)classification on sign, lighted sign for Class 4 lasers.
9.3	Is there documentation of Laser Safety Training for all personnel working with or around the laser(s)?	1	Laser/UV Safety Protocol	Record Review: 100% of lasers users 75% of non-users over the first five
9.4	Is the appropriate Laser Safety Eyewear available?	2	Laser/UV Safety Protocol	Eyewear must be available for inspection.
9.5	Have all laser users undergone a baseline eye exam as required by the Laser Safety Manual?	1	Laser/UV Safety Protocol	Must be on file in RMS.
9.6	Are SOPs written and available for review in the lab?	1	Laser/UV Safety Protocol	SOP's must be available for review.
9.7	Are open laser beams appropriately confined and terminated (this includes covering windows if a curtain is not used)?	2	Laser/UV Safety Protocol	Observation
9.8	Is the Laser Safety Manual available in the room and have personnel been informed of its location?	1	Laser/UV Safety Protocol	Must be able to show that they have 2009 Edition.
9.9	Does UV equipment have warning labels affixed?	1	Laser/UV Safety Protocol	Observation
9.10	Other	1	N/A	N/A
Q#	Question	Weight	Procedure	Observable Evidence
10.1	Is sufficient access and working space provided and maintained (free of storage) around electric distribution equipment such as fuse boxes, panels, knife switches, etc.?	1	OSHA 1910.303(g)(2)(i)	Visual - 100% Working space in front of the electric equipment must be minimum of 30 in. in width and 36 in. in depth.
10.2	Are live parts of electrical equipment operating at 50 volts or more guarded against accidental contact? If not, are personnel trained, proper PPE worn and appropriate live electrical safe work practices being followed?	3	OSHA 1910.303(g)(2)(i)	Visual - 100% for guarded parts If parts not guarded: -Training 100% complete -Visual of PPE, tools, safe work practices
10.3	Have all employees who perform work on exposed electrical conductors >50 volts completed training in accordance with applicable OSHA and NFPA 70E electrical safety-related work practices and equipped with necessary PPE and tools?	3	OSHA/NFPA 70E	<5 - all records >5 - 75% of records

10.4	Have all employees who serve as either entrants, attendants or entry supervisors completed Permit Required Confined Space training, equipped with appropriate equipment for entry, conduct documented entry permits? Are annual reviews conducted and documented?	2	Confined Space	<5 - all training records >5 - 75% of training records Visual of equipment
10.5	Have operators of aerial platforms and scissor lifts been trained on the use of Aerial Work Platforms and fall protection, equipped with the necessary equipment, and performed documented pre-start inspections prior to use of equipment?	2	Aerial Platform and Scissor Lift Policy	<5 - all training records >5 - 75% of training records Random sample of 10 completed inspection forms and all found correctly documented.
10.6	Have all employees who operate fork lifts and/or powered pallet movers completed training, conducted pre-shift inspections prior to use, and have annual third party inspections been completed?	1	Forklift Safety Policy	<5 - all records >5 - 75% of records
10.7	Have all employees who use fall protection completed fall protection training?	1	Fall Protection	<5 - all records >5 - 75% of records
10.8	Are Personal Fall Arrest Systems inspected prior to use, properly designed (based on fall distance), in safe working condition and properly stored?	1	Fall Protection	Interview with all authorized users of fall protection. Observation of 100% of equipment in lab.
10.9	Have all employees who perform service or maintenance on equipment completed Lockout/Tagout training (awareness and authorized)? Are authorized users provided with suitable lockout devices, are there documented LOTO procedures for all applicable equipment, and is there documentation of an annual LOTO review?	2	Lockout/Tagout Policy	<5 - all training records >5 - 75% of training records Visual of lockout devices 100% review of LOTO procedures
10.10	Are hoists inspected daily prior to use and annually by a third party, clearly marked with their Rated Loads and the sum of all lifting units is less than or equal to the rated load of the bridge, jib, or monorail, and operators have completed training.	1		Visual of equipment 100% review documentation
10.11	Other	1	N/A	N/A
Q#	Question	Weight	Reference	Observable Evidence

11.1	Do all employees who work with animals or access FLS have completed Cat A or Cat B Occupational Medical Surveillance?	2	IACUC	Check RMS Office
11.2	Is there an approved IACUC protocol for any animal work being conducted?	1	IACUC	Protocol Available and current (within 3 years).
11.3	Does the registrant have current Indiana CS Registration (CSR) and DEA license?	2	DEA	License available for review.
11.4	Is a complete physical inventory of all CS on hand taken at least every 2 years (annually is recommended)?	1	DEA	Inventory reviewed and current.
11.5	Is there a perpetual log of the remaining quantity of each CS on hand (one log per CS)?	1	DEA	Documents available for review
11.6	Are the CS stored in a secure, locked cabinet/drawer contained in a room with limited access?	2	DEA	Door locked when no one in lab; or in locked storage unit. This includes rad waste.
11.7	Is there an updated list of all individuals with access to the CS, their dates of birth, and Notre Dame ID numbers?	1	DEA	Review of documents
11.8	Are all CS related records maintained for a minimum of two years?	1	DEA	Review of documents
11.9	Other	1	N/A	N/A