

Laboratory Integrated Safety Plan

Joint Assessment Checklist

**Section 1
General Safety**

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? Are food products used in research labeled "not for human use/consumption?"	2	CHP	Signage on refrig/freezer/microwaves/blenders/ no visible food/trash. - Labeling on food products
1.3	Where in use, are extension cords in safe working condition?	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 in safe condition?	1	OSHA	Observation
1.5	Where lights are used for general illumination under 7 ft., 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 lab area uncluttered without excessive storage of materials, trip hazards, egress access issues, 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 and/or stored properly?	1	Infectious Waste Procedure	Observation

1.13	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.
1.14	Is shelving not overloaded (sagging) and are heavy items (>15 lbs for shelving over 6 ft.) stored on lower and middle shelves of storage rooms and cabinets or items are not blocking sprinklers 18" clearance?	3	OSHA	Visual/Physical test
1.15	1.15 Is sufficient access and working space provided and maintained (free of storage) around electric distribution equipment such as fuse boxes, panels, knife switches, etc.?	2	OSHA	Observation
1.16	Other	1	N/A	N/A

**Section 2
Training**

Q#	Question	Weight	Procedure	Observable Evidence
2.1	Is a completed Training Needs Assessment available with a list of Personnel available?	1	None	Training needs assessment completed with list of personnel.
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

**Section 3
Personal Protective Equipment (PPE)**

Q#	Question	Weight	Procedure	Observable Evidence
3.1	Is a completed PPE Assessment and certification form signed by all lab personnel?	1	Personal Protective Equipment Policy	Completed assessment <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? Is FR lab coat being used per procedure?	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 long pants or long skirts, short sleeved (at a minimum) shirts? If relaxed, is documented approval available.	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	Are those who operate machines wearing the appropriate PPE and have no loose fitting clothing, hair or jewelry that could become entangled?	3	Metal or Woodworking Shop Policy	Observation of 100% of personnel. If no one using equipment, interview operators
3.6	Have employees who use respiratory protection received medical clearance, conducted a respiratory fit test, and training through complyND?	1	Respiratory Protection Policy	<5 - all records >5 - 75% of records fit testing verified through RMS
3.7	3.7 Have employees who voluntarily wear a respirator completed a Voluntary Use form?	1	Respiratory Protection Policy	Review of 100% records
3.8	Other	1	N/A	N/A
Section 4 Emergency Response				
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 and severe weather what to do if there is a chemical release?	2	CHP	<5 - all records >5 - 75% of records

4.2	Have personnel received training on who to notify and where to go for treatment of injury (cut, needle stick, chemical burn)?	2	CHP	<5 - all records >5 - 75% of records
4.3	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)
4.4	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)
4.5	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.
4.6	Other	1	N/A	N/A
Section 5 Chemical Safety				
Q#	Question	Weight	Procedure	Observable Evidence
5.1	Are all chemical containers properly labeled (name, concentration if appropriate and hazard class)?	2	CHP	Chemical containers include chemical name and hazard warnings. (includes reaction vessels, oil baths, squirt bottles). - Food products labeled "Not for human consumption"
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
5.3	Are the (M)SDS for all chemicals used readily available to all laboratory personnel? Do personnel know how to access them?	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	1	Dry Ice Procedure	Observation
5.13	If large liquid nitrogen (N2), Argon (Ar) or Helium dewars are stored in room, is carbon dioxide monitor available as appropriate?	2	CHP	Observation
5.14	Are empty containers properly handled and disposed of (defaced, triple rinsed, caps removed from 5 gallon drums)?	1	Haz Waste Proc.	Observation
5.15	Other	1	N/A	N/A
Section 6 Hazardous Waste				
Q#	Question	Weight	Procedure	Observable Evidence
6.1	Are waste containers labeled "Hazardous Waste" with each constituent noted on the label? (This is not for biological or	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	Are non-hazardous wastes labeled "used", such as used tips, used buffers, silica gel?	1	Haz Waste Proc.	Observation
6.6	Are wastes stored inside of the lab for no more than 60 days?	2	Haz Waste Proc.	Observation/interview
6.7	Are all waste containers placed in secondary containment?	2	Haz Waste Proc.	Observation
6.8	Other	1	N/A	N/A
Section 7 Biosafety				
Q#	Question	Weight	Procedure	Observable Evidence
7.1	If the lab uses BSL-1 or BSL-2 agents, does the emergency contact card on outside of lab door properly identify these hazards?	1	CHP/ Biosafety Manual	Visual - sign by door and completed hazards.
7.2	Is there appropriate labeling (biohazard stickers) on the equipment using BSL-1 or BSL-2 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	Are BSL-2 agents kept secured from unauthorized use or removal.	2	Biosafety Manual	Door locked when no one in lab; or in locked storage unit. This includes biohazardous waste
7.7	In a BSL-2 lab, there are no upholstered chairs/couches or carpeting.	2	Biosafety Manual (CDC)	Visual
7.8	Are biosafety cabinet inspection dates current? If not, has the cabinet been taken out of service?	2	Biosafety Manual (CDC)	Visual

7.9	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?
7.1	Other	1	N/A	N/A
Section 8 Radiation Safety				
Q#	Question	Weight	Procedure	Observable Evidence
8.1	Has the use of radiation in this area been approved by the campus Radiation Control Committee as indicated by a sign on the door?	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.	1	Radiation Safety	Observation
8.6	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
8.7	Are all radioactive materials and wastes properly labeled and secured against unauthorized use or removal?	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" 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 (hard copy or electronic) 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
Section 9 Laser/UV Safety - (Class 3b and 4)				
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
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
Section 10 Life Critical Processes				
Q#	Question	Weight	Procedure	Observable Evidence
10.1	Does the lab have 3-D printer(s)? If so, document what materials are used in the printer.	1	N/A	Interview/observation

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?	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.
10.3	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 1910.303(g)(2)(i)	Visual - 100% for guarded parts If parts not guarded: -Training 100% complete -Visual of PPE, tools, safe work practices
10.4	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?	3	OSHA/NFPA 70E	<5 - all records >5 - 75% of records
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	Confined Space	<5 - all training records >5 - 75% of training records Visual of equipment 100% review of completed permits and program review
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?	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.
10.7	Have all employees who use fall protection completed fall protection training?	1	Forklift Safety Policy	<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	<5 - all records >5 - 75% of records
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?	1	Fall Protection	Interview with all authorized users of fall protection. Observation of 100% of equipment in lab.

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.	2	Lockout/Tagout Policy	<5 - all training records >5 - 75% of training records Visual of lockout devices 100% review of LOTO procedures
10.11	Other	1	N/A	N/A
Section 11 Animal Use and Controlled Substances				
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	Are controlled substances present?	1	DEA	Interview
11.4	Does the registrant have current Indiana CS Registration (CSR) and DEA license?	2	DEA	License available for review.
11.5	Are records (inventory, perpetual log, list of individuals with access) maintained for a minimum of 2 years? Where is documentation maintained?	1	DEA	Documents available for review
11.6	Other	1	N/A	N/A