Laboratory Safety Walk Through Program

1.0 Purpose

The Laboratory Safety Walk Through Program evaluates the sustainability and effectiveness of hazard controls in laboratories by establishing guidelines for the detection and correction of unsafe conditions and unsafe acts arising from work being performed in laboratories. This procedure establishes requirements for unannounced walk throughs, including selection of laboratories for walk throughs, documenting walk through results, and a system for assigning and tracking corrective actions to completion.

2.0 Scope

This procedure applies to all University of Notre Dame laboratories used for conducting laboratory research or teaching activities.

3.0 Responsibilities

3.1. Department Chairs shall:

3.1.1. Enable enforcement of rules and regulations, and take prompt, effective corrective action when necessary.
3.1.2. Identify resources needed to address corrective actions that exceed the ability of the laboratory.

3.2. Department Safety Coordinators shall:

3.2.1. Participate in unannounced walk throughs.
3.2.2. Act as an intermediary between RMS, the laboratory personnel, and the Dean, Department Chair, or his/her designee to facilitate solutions to noncompliance issues. This includes helping identify resources needed for corrective action items that require resources beyond the ability of the laboratory.

3.3. Principal Investigators (PI) are responsible to develop a process to ensure that:

3.3.1. All personnel reporting to the PI are informed of the requirements of this procedure.
3.3.2. If deficiencies are noted during the unannounced walk throughs immediate corrective actions are implemented (correction of the deficiency and retraining, adherence to the University's discipline process, etc.)

3.4. The Risk Management & Safety Department shall:

3.4.1. Establish a process for selecting laboratories for unannounced walk throughs.
3.4.2. Establish a communication process for laboratory unannounced walk throughs consisting of:
- Notifying the department Safety Coordinators and other appropriate personnel as applicable of the laboratories randomly selected for inspection;
- Publishing and disseminating walk through reports, including corrective actions.

3.4.3. Conduct laboratory walk throughs.
3.4.4. Maintain a tracking system for corrective actions from laboratory walk throughs to ensure that all deficiencies noted in the unannounced walk throughs are corrected.
3.4.5. Provide a centralized record retention system of unannounced walk throughs.
3.4.6. Stop a process or procedure that poses an imminent danger to personnel or environment.

4.0 Selection of Labs

4.1. Risk Management & Safety shall randomly select labs for walk throughs. All labs that have been safety validated for the current fiscal year or are not on the current fiscal year's joint assessment schedule are eligible for unannounced walk throughs. Labs that do not meet these criteria shall be excluded from random selection.

4.2. Selection for labs shall be based on 20% of all eligible labs.

4.3. Once labs are chosen, an RMS staff member shall be assigned for completion of each walk through.

5.0 Scheduling Walk Throughs

5.1. RMS shall coordinate with the Department Safety Coordinator to schedule the walk through.

5.2. Note: A walk through shall not be conducted if laboratory personnel are not present, or, if disruption of critical processes would occur as a result of the walk through. If either occur, the RMS shall return at another time (unannounced) to conduct the walk through.

6.0 Conducting Walk Throughs

6.1. Upon arrival at the laboratory, Risk Management and Safety, along with the Department Safety Coordinator shall make a brief formal introduction and inform personnel of the intent of the visit. This shall include providing an overview of the walk through process and anticipated length of the walk through.

6.2. RMS shall inquire if there are any critical activities taking place where walk through activities would disrupt teaching or research. If walk through activities will not disrupt any laboratory activities, RMS and the Department Safety Coordinator shall commence with the walk through using the walk through template (Appendix A).

6.3. Deficiencies that pose an immediate threat of serious injury require immediate attention. The hazard must be removed, fixed or mitigated prior to the RMS inspector leaving the lab. If for some reason the hazard cannot be made immediately corrected and the RMS staff must leave to procure proper resources, RMS shall ensure the area is barricaded or someone is physically present warning others of the hazard. The RMS staff shall return, correct the situation and verify that the hazard has been corrected or mitigated.

6.4. At the conclusion of the walk through, RMS shall inform lab personnel of the walk through results, including both positive observations and opportunities for improvement. At this time, RMS determines, in collaboration with the laboratory personnel, specific actions and timelines that would be acceptable to address identified deficiency(ies). Minor deficiencies observed during the walk through should be corrected immediately, if possible.

7.0 Documenting and Communicating Walk Through Results

7.1. The RMS person conducting the walk through shall write an inspection report which includes the date and names of participants in the walk through, with copies sent to the PI/Supervisor, the Principal Laboratory Contact and the Department Safety Coordinator. See Appendix B for template.

7.2. Once the report has been published the report results shall be tracked and maintained by RMS.

8.0 Tracking of Corrective Actions

8.1. Risk Management and Safety shall conduct an annual trend analysis of the unannounced walk through program to identify common issues and communicate findings with the departmental safety coordinators and University leadership.

9.0 Training

9.1. All Department Safety Coordinators shall be trained initially on the contents of this program and informed whenever significant changes are made to the program.

9.2. RMS personnel responsible for conducting walk throughs shall undergo training consisting of a review of the Laboratory Safety Walk Through Program along with inspection techniques.

10.0 Record Retention

10.1. Risk Management and Safety shall maintain all records and documents associated with this program.

Revision History Table

History	Effective Date
Revised Appendices A & B to include additional criteria for hazardous waste.	August 2018
Revised document title removing "unannounced" and throughout document where references are made to title.	September 2015
Reworded 3.2.1, 5.1 and 6.1 to strike "when possible" and reflect that Department Safety Coordinators and RMS shall conduct the walk through.	August 2015
Appendix A – Renamed section titles on front side of walk through form to "PPE Basic" and "PPE Specific". Included header for page 2. Revised the contents in PPE sections to reflect current Chemical Hygiene Plan (CHP) dated May 2010.	August 2015
Appendix B – Revised report to include additional fields and summary table at bottom.	August 2015

Appendix A

Laboratory Safety Walk Through Form

Date: _____ Department: _____ Building: _____ Room# / Name: _____

PI/Supervisor: _____ Dept. Safety Coordinator: _____ RMS Staff Contact: _____

Lab Representatives: _____ RMS Staff Assessor: _____

ITEM	Meets	At Risk	Not	ITEM	Meets	At Risk	Not
PPE General				Hazardous Waste*			
PPE Specific				Biological			
Housekeeping				Radiation			
Chemical Storage/Use				Other			

*** If applicable, the following criteria must be checked as well**

ITEM	Meets	At Risk	Not	ITEM	Meets	At Risk	Not
Container Labeling				Waste containers stored at or near point of			
Secondary Containment				Leak-proof container			
<55 gallons hazardous waste				Closed container except when filling			
<1 quart accutely toxic hazardous waste				Vented caps used when necessary			

Action Items:

- ❑ Corrected During Inspection: _____
- ❑ Other: Explain method to follow for completion.

_____

_____

_____

_____

Comments: _____

_____

_____

Front Side of Form

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Example Criteria

PPE GENERAL (Closed toe shoes with a substantial sole, no halter tops unless completely covered with a lab coat, shirt with equivalent coverage of a T-shirt, etc.) ● Good condition ● Being worn & used properly	**HAZARDOUS WASTE** ● Containers properly labeled & in good condition ● Containers clean & leak proof ● Containers closed except when filling ● Containers stored in secondary containment ● Incompatible wastes not stored next to one another in secondary containment ● No waste containers stored in hallway ● No food containers used for waste ● No more than 55 gallons of hazardous waste ● No more than 1 quart of accutely toxic waste ● Waste containers stored near point of generation ● Vented caps used when necessary
PPE SPECIFIC (Safety Glasses, Laser Eyewear, Gloves, Face shield, Goggles, Respiratory Protection, Hearing Protection, etc.) ● Proper equipment when handling chemicals, biological materials, using lasers & performing live electrical work. ● Eye protection worn when chemicals are in use in lab ● Proper PPE when handling radioactive materials (eyewear, gloves, lab coat) ● Worn & properly maintained ● Good condition	**BIOLOGICAL** ● Wastes properly labeled, contained (closed containers) & decontaminated ● Waste containers not overfilled ● BSL 2 agents secured from unauthorized use or removal ● No upholstered furniture or carpeting in BSL 2 areas ● No work with hazardous materials performed outside of biosafety cabinet ● No materials moved from lab or work area to another
HOUSEKEEPING ●Area uncluttered, free of excessive storage of materials, free of slip/trip/fall hazards ● Emergency routes & equipment such as fire extinguishers, emergency showers, emergency eyewash stations unobstructed. ●Laboratory hoods / biosafety cabinets uncluttered with 80% of back vent clear & items stored at least 6 inches from sash.	**RADIATION** ● Wastes properly labeled & secured against unauthorized use or removal ● Film badges worn ● Contamination surveys & inventory updated & maintained ● Work surfaces covered with absorbent paper or trays used where open, non-sealed sources are used. ● Proper shielding ● If applicable, check radiation survey meter for operation. This is not applicable if solely using Tritium or C14. ● Note: If any radiation issues are found, contact RSO or RSS.
CHEMICAL STORAGE / USE ● Containers properly labeled & in good condition ●Containers clean & closed securely ● Containers stored in area away from sink ● No spillage or leaks on bench tops or floors ● No work with hazardous materials performed outside of hood ● Materials stored at least 6" behind hood sash & sash is not left open when not in use ● Food items labeled "Not for Human Consumption"	**OTHER** ● Other acts or conditions which were not categorized
ACTION ITEMS ● Correct any deficiencies noted on form and check the box indicating that this was completed ● If deficiency cannot be corrected during inspection, check box and note method of follow-up	**COMMENTS** ● Clarify actions or conditions, if needed

Back Side of Form

Appendix B
Walk Through Report Template

Date: [Enter Date]

Dear: [Enter PI Name]
Lab# and Building: [Enter Lab# and Building]

Department Safety Coordinator: [Enter SC Name]
Lab Respresentative(s): [Enter Names]
Primary RMS Staff Contact: [Enter Name]

Thank you for participating in the Laboratory Safety Walk Through Program. As I reviewed safety practices, I observed activities being performed and asked questions to determine whether or not each item met established standards.

Below you will find a table summarizing the results of the visit, including any corrective action items that were unable to be correced during the visit. As you complete items, please contact me with details of the corrective action so that we can note its closure.

If you have any questions or concerns please contact me at 631-5037 or at the email noted below.

Thank You,
[Enter RMS Assessor Name and Email]

Item	Met Standard (Y/N/NA)	Deficiency	Corrected (Y/N/NA)	Action
1.PPE General	N/A		N/A	
2.PPE Specific	N/A		N/A	
3.Housekeeping	N/A		N/A	
4.Chemical Storage/Use	N/A		N/A	
5.Hazardous Waste*	N/A		N/A	
a. Containers labeled properly	N/A		N/A	
b. Secondary Containment	N/A		N/A	
c. Less than 55 gallons of hazardous waste	N/A		N/A	
d. Less than 1 quart accutely toxic and hazardous waste	N/A		N/A	
e. Waste containers stored at or near point of generation	N/A		N/A	
f. Leak-proof container	N/A		N/A	
g. Closed container except when filling	N/A		N/A	
h. Vented caps used when necessary	N/A		N/A	
6.Biological	N/A		N/A	
7.Radiation	N/A		N/A	
8.Other	N/A		N/A	

***If applicable, items 5a through 5h must be properly completed**