

University of Notre Dame
Laboratory Integrated Safety Plan
Joint Assessment Checklist

Building & Room Number(s): _____

PI/Supervisor: _____ Laboratory Contact: _____

Safety Coordinator: _____ Chair/Director: _____

RMS Representative: _____ Date: _____

	YES	NO	NA
1. DOCUMENTATION AND SIGNAGE			
a. List of Personnel			
b. Training Documentation			
c. PPE Documentation			
d. Have all personnel been informed of evacuation procedures and the evacuation assembly/Severe weather location/emergency phone numbers 911 or 574-631-5555			
e. Is the outside of the laboratory door posted with emergency contact information and relevant hazard warnings (e.g. biohazards, radioactive materials)?			
MISSING DOCUMENTS			
	YES	NO	NA
2. HOUSEKEEPING AND SAFETY EQUIPMENT			
a. Is there ready and unobstructed access to a fire extinguisher?			
b. Are aisles clear and at least 22 inches wide in office areas or 36 inches wide in high traffic or high hazard areas?			
c. Are doorways and hallways free of obstructions to allow for clear visibility and exit?			
d. Are sprinkler heads unobstructed in all directions with no obstructions in a plane 18 inches below the head?			
e. Is the laboratory door locked when no one is present or within sight of the laboratory entrance?			
f. Are floors free of oil, grease, liquids, broken and uneven surfaces, or sharp objects?			
g. Is the area uncluttered without excessive storage of materials that could cause or support fire (paper, cardboard, etc.) or block egress in an emergency?			
h. Are heavy items stored on lower and middle shelves of storage rooms and cabinets? <i>An item is considered heavy if its weight could cause bodily injury upon falling.</i>			
i. Is there ready and unobstructed access to an eyewash station?			
j. Is there ready and unobstructed access to a safety shower?			
k. Is the presence of food/drink/cosmetics prohibited in the laboratory, as well as in any refrigerator/freezer/microwave that is used for chemicals, biological or radioactive materials?			
l. Do you or your employees conduct fieldwork or research that takes place off-campus?			
NOTES:			

	YES	NO	NA
3. PERSONAL PROTECTIVE EQUIPMENT			
a. Is appropriate PPE worn anywhere that chemicals, biologicals, radioactive materials, or physical hazards are present?			
b. Is contaminated PPE removed prior to leaving the work area?			
c. Is contaminated PPE cleaned or disposed of properly?			
NOTES:			

	YES	NO	NA
4. CHEMICAL STORAGE			
a. Are all chemical containers in good condition, clean, and closed securely?			
b. Are all chemical containers properly labeled? <i>Abbreviations, acronyms, or formulas may be appropriate with the use of a prominently posted legend.</i>			
c. Are chemicals stored off the floor, away from traffic areas, and in an orderly manner?			
d. Are incompatible chemicals segregated appropriately? <i>Note: See page 38 of the Chemical Hygiene Plan for a list of incompatible chemicals.</i>			
e. Is an inventory of all chemicals on hand taken annually?			
f. Are ethers and peroxide-formers dated and within expiration?			
g. Have all personnel been informed of the location(s) of spill response material(s)?			
h. Are the MSDS for all chemicals used readily available to all laboratory personnel?			
i. Does your laboratory contain less than or equal to a total of 4 gallons of Class I flammable liquids per 100 square feet of contiguous space (up to a maximum of 60 gallons)?			
j. Does your laboratory contain less than or equal to a total of 8 gallons of Class I, II, and/or IIIA flammable/combustible liquids per 100 square feet of contiguous space (up to a maximum of 120 gallons)?			
k. Does your laboratory allow no more than 2 gallons of Class I flammable liquid to be out in the open lab at a time (as opposed to inside a flammable storage cabinet)?			
l. Does your laboratory allow no more than a total of 4 gallons of Class I, II, and IIIA flammable/combustible liquid to be out in the open lab at a time (with a maximum of 2 gallons of Class I liquids out at a time)?			
m. Does your laboratory store no more than 60 gallons of flammable/combustible liquids in a single flammable storage cabinet?			
NOTES:			

	YES	NO	NA
5. LABORATORY EQUIPMENT			
a. Are properly functioning fume hoods available for the manipulation of toxic and/or volatile flammable materials?			
b. Are fume hoods certified annually?			
c. Do fume hoods contain minimal clutter?			
d. Are gas cylinders and associated piping properly secured?			
e. Are ladders and step stools in good condition?			
f. Are there non-slip feet on the base of aluminum or fiberglass ladders and step stools?			
g. Are Dewar flasks enclosed with friction tape or a wood/metal container?			
h. Are outlets properly loaded (no piggy backing of power strips and other outlet			
i. Are electrical cords in good condition and not frayed?			
j. Are extension cords NOT daisy chained together?			
NOTES:			
	YES	NO	NA
6. BIOHAZARD LABS			
a. Are biohazardous wastes contained and decontaminated appropriately?			
b. Is there documentation that all personnel who have the potential to be exposed to human blood or body fluids have received annual Blood Borne Pathogen (BBP) Training?			
c. Have all personnel "At Risk" from BBP (as identified by RMS) received appropriate vaccinations or signed a waiver declining these vaccines?			
d. Does this lab contain biologicals of Risk Group 2 or higher?			
e. Are Risk Group 2 agents secured from unauthorized use or removal?			
f. Has the lab been certified as BSL2 or higher?			
g. Has a protocol been submitted to and approved by the Institutional Biosafety Committee (IBC) for the biohazard or rDNA research that is being conducted in the lab?			
h. Have all personnel been informed of specific handling procedures for the biohazards in their work area?			
i. Do you work with any select agents?			
j. Signage on equipment?			
NOTES:			
7. EMERGENCY RESPONSE			
a. Have all personnel been informed of what to do in case of an exposure event (ie: a cut, chemical burn, needle stick)			
b. Does the lab have appropriate spill response absorbents, neutralizing agents and equipment?			
NOTES:			

	YES	NO	NA
7. RESEARCH CONTINUITY			
7.1 Are there any critical research specimens or pieces of equipment that meet all of the following criteria if it were compromised (lost)? a) Financial costs or inconveniences are not being considered, rather, reputational damage to the University is the primary consideration, and b) The specimen or equipment is required for carrying out research that is so critical to the University that its loss will result in irrevocable damage to the University's reputation, and c) There are no alternative work-arounds (such as borrowed, rented, or purchased equipment or using similar or split specimens), the specimen or equipment is one-of-a-kind, and d) The specimen or equipment is either irreplaceable or its availability in the marketplace will cause delays that result in a loss of the research project or the research grant. <i>*Note that specimens may include rare solutions, tissues, or media that are critical, not just living organisms.</i>			
7.2 If you answered "Yes" to question 3.1 , have you completed a "Critical Research Specimen Registration" or a "Critical Research Equipment Registration" for the University's Business Continuity Planning Effort?			

	YES	NO	NA
8. To be Completed by Individuals having Registered for an Annual* Drug Enforcement Administration (DEA) License for Controlled Substances (CS) <i>This does NOT include "Listed" or "Precursor" chemicals which require permission for ordering. Controlled substances require the user to have a DEA license/registration number for purchase/receipt.</i>			
a. Does the registrant have current Indiana CS Registration (CSR) and DEA license?			
b. Is a complete physical inventory of all CS on hand taken at least every 2 years (annually is recommended)?			
c. Is there a perpetual log of the remaining quantity of each CS on hand (one log per CS)?			
d. Are the CS stored in a secure, locked cabinet/drawer contained in a room with limited access?			
e. Is there an updated list of all individuals with access to the CS, their dates of birth, and Notre Dame ID numbers?			
f. Are all CS-related records maintained for a minimum of two years, and are they maintained either separately or in a manner that they could easily be separated out from the rest of your records?			
g. Are Schedule I and/or II records maintained separately?			
h. Are Schedule I and/or II CS stored separately from all other drugs, including CS in other Schedules?			
i. Does the registrant have CS in Schedule I?			
j. Is the use of DEA Forms 106 and 41 for reporting theft/loss and CS disposal understood?			
NOTES:			

*Registration for licensed practitioners is renewed every three years, rather than annually.

	YES	NO	NA
9. CLASS 3b or CLASS 4 LASERS			
a. Have all lasers and laser areas been approved by the campus Laser Safety Officer?			
b. Are laser use areas identified by the proper signage?			
c. Is there documentation of Laser Safety Training for all personnel working with or around the laser(s)?			
d. Have reflective surfaces been removed from the beam path?			
e. Is the appropriate Laser Safety Eyewear available?			
f. Are SOPs written and appropriately posted?			
g. Are open laser beams appropriately confined and terminated (this includes covering windows if a curtain is not used)?			
h. Is the Laser Safety Manual available in the room and have personnel been informed of its location?			
i. Have all laser users undergone a baseline eye exam as required by the Laser Safety Manual?			
NOTES:			

	YES	NO	NA
10. RADIOACTIVE MATERIALS			
a. Has the use of radiation in this area been approved by the campus Radiation Control Committee?			
b. Is there documentation that all personnel working in the area where the radioactive materials are used and/or stored have been appropriately trained?			
c. Are all radioactive materials and wastes properly labeled?			
d. Are all radioactive materials and wastes properly secured against unauthorized use or removal?			
e. Is the door posted with signage for radioactive materials or radiation producing equipment?			
f. Are eating and drinking policies followed as designated by the room classification sticker posted on the door?			
g. Are the records for radioactive material use, contamination surveys, and inventory properly updated and maintained for inspection?			
h. Are work surfaces covered with absorbent paper or are trays used?			
i. <i>This is necessary only in the area(s) where open, non-sealed sources of radiation are used.</i>			
j. Is the Radiation Safety Manual available in the room and have personnel been informed of its location?			
k. Do you have a properly functioning radiation monitor that has been calibrated within 1 yr?			
NOTES:			

	YES	NO	NA
11. HAZARDOUS WASTE			
a. Are sharps (needles, razor blades) disposed of in approved sharps containers?			
b. Is all trash (paper, used toner, used batteries, broken glass, etc.) placed in proper containers that are emptied or discarded prior to overflowing?			
c. Are all waste containers tightly capped or closed?			
d. Are waste containers in good condition, leak-proof, clean, and generally safe for transport?			
e. Are waste containers labeled "Waste" or " Hazardous Waste " with each constituent labeled?			
f. Is waste stored at or near the point of generation and under the control of the person generating the waste?			
g. Are incompatible chemical wastes segregated by distance or secondary containment?			
h. Is the volume of waste stored less than 55 gallons?			
i. Is the volume of acutely toxic waste stored less than 1 quart?			
j. Does this location practice waste minimization ?			
k. Are biohazard waste containers closed and labeled?			
l. Autoclave waste double bagged prior to disposal?			
NOTES:			

	YES	NO	NA
12. AERIAL WORK PLATFORMS (Scissor Lifts)			
a. Are all Aerial Work Platforms registered with RMS?			
b. Is there documentation that employees have been trained on the use of Aerial Work Platforms?			
c. Are Pre-Start Inspections and Work Place Inspections documented each time the equipment is used?			
d. Is a wind velometer used when Aerial Work Platforms are used outside?			
e. Are units secured when not in use?			
f. Has an outside contractor inspected the equipment within the past 12 months?			
NOTES:			

	YES	NO	NA
13. WALKING ON UNGUARDED SURFACES 6+ FEET OFF THE GROUND			
a. Is there documentation that employees have been trained in fall protection?			
b. Is the appropriate fall protection equipment available?			
c. Is fall protection equipment inspected prior to each use?			
NOTES:			

	YES	NO	NA
14. FORK LIFTS, FORK TRUCKS, AND/OR BATTERY POWERED PALLET MOVERS			
a. Is there documentation that all drivers have received Fork Lift Safety Training through RMS?			
b. Are fork trucks inspected before each shift?			
c. Are inspection records kept on file?			
d. Are seat belts used and unaltered?			
e. Do the Fork Lifts, Fork Trucks, and/or Battery Powered Pallet Movers receive annual inspections by outside contractors?			
NOTES:			

	YES	NO	NA
15. MACHINERY OR EQUIPMENT WITH DANGEROUS, MOVING PARTS/BELTS			
a. Do all employees allowed to use the equipment have proper training?			
b. Does all machinery or equipment have safeguards in place?			
c. Do the safeguards prevent hands, arms, and other body parts from making contact with dangerous moving parts?			
d. Are the machine guards secured and not easily removable?			
e. Do the machine guards permit safe and comfortable operation of the machine?			
f. Can machines be serviced (cleaned and oiled) without removing the guards?			
g. Is the operator wearing the appropriate Personal Protective Equipment (PPE) with no loose fitting clothing, loose hair, or jewelry?			
NOTES:			

	YES	NO	NA
16. MACHINES/EQUIPMENT IN WHICH THE UNEXPECTED ENERGIZATION, START UP OR RELEASE OF STORED ENERGY COULD RESULT IN INJURY.			
a. Is a Lockout/Tagout program followed to secure energized equipment during repairs and maintenance?			
b. Is there documentation that all personnel who perform maintenance or repairs on this equipment have received Lockout/Tagout training?			
c. Do employees have Lockout/Tagout devices, tags, and locks suitable for all equipment?			
d. Are there written Lockout-Tagout shut down and re-energization procedures established for each piece of equipment that must be locked out to perform maintenance or repairs?			
e. Are all other personnel in the area given Lockout/Tagout awareness training?			
f. Is there an annual review of your Lockout-Tagout program (identifying how well the procedures and program are being followed and to identify unsafe practices or improvements that are needed)?			
NOTES:			

	YES	NO	NA
17. CONFINED SPACES			
<i>A Confined Space is an area with limited means of egress that was not intended for human occupation (e.g. exhaust vents, underground utilities vaults, sewage tunnels, etc.).</i>			
a. Is there documentation that all personnel entering confined spaces and their supervisors have received formal confined space training from RMS?			
b. Do personnel follow pre-entry procedures?			
c. Where atmospheric hazards may exist, is the internal atmosphere tested with a calibrated direct-reading instrument prior to entry?			
d. Are appropriate safe-guards, such as attendants or physical barriers, used for manholes and street openings?			
e. Is a list available of all permit-required confined spaces and the hazards of each location?			
f. Is all necessary safety equipment available (testing, monitoring, rescue and retrieval, communication, and Personal Protective Equipment (PPE))?			
g. Is all safety equipment properly used and maintained?			
NOTES:			

	YES	NO	NA
18. CONDUCTING ELECTRICAL Work OR WORKING WITH PARTS ENERGIZED WITH OVER 50 VOLTS			
a. Is there documentation that personnel have been trained in accordance with applicable OSHA and NFPA 70E electrical safety-related work practices?			
NOTES:			

	YES	NO	NA
19. HAZARDOUS ATMOSPHERES OR RESPIRATORY HAZARDS			
a. Have you contacted RMS to determine if you or the employees in this area need to wear full- or half-face respirators?			
b. Have all the respirators that you and/or your employees use been obtained through RMS?			
c. Do employees covered by the Respiratory Protection Program annually receive a medical exam, a respiratory fit test, and training on Respiratory Protection through RMS?			
NOTES:			

	YES	NO	NA
20. SHIPPING CHEMICAL, RADIOACTIVE AND/OR BIOLOGICAL MATERIAL			
a. Does any lab personnel ship out samples or specimens			
b. Have all personnel responsible for shipping chemical, radioactive, and/or biological materials been trained to do so by RMS?			
NOTES:			

	YES	NO	NA
21. WORKING WITH AND/OR AROUND ANIMALS, ANIMAL TISSUES OR FLUIDS, OR ANIMAL BEDDING			
a. Do all exposed individuals participate in Research Occupational Medical Surveillance?			
b. Do all individuals handling live animals have documentation of current animal use training?			
c. For all projects involving animal use, do you have an approved IACUC protocol?			
NOTES:			

Additional Comments:

Signature of Laboratory Contact: _____ Date: _____

Printed Name of Lab Contact: _____

Signature of RMS Representative: _____ Date: _____