APPENDIX B
EHS FORMS, QUESTIONNAIRES AND CHECKLISTS

LABORATORY SAFETY ASSESSMENT CHECKLIST

University of Miami, Office of Environmental Health and Safety

Bldg/room_____**P.I.**_____**Date**_____

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General Housekeeping: Corridors, Circulating Spaces.	
Chemicals: Inventory, Storage and Handling.	
Bloodborne Pathogens Standard: Training, Immunization, Standard Precautions, Exposure Incidents	
Biomedical (biohazardous) Waste Disposal Procedures.	
Hazardous Waste Disposal Procedures: Labeling and Packaging.	
Fume Hoods, Biosafety Cabinetry, Laminar Flow Hoods.	
Spill Control Kit.	
Gas Cylinders.	
Safety Showers, Eye wash Stations.	
Fire Extinguishers.	
Personal Protective Equipment.	
General Laboratory Hazards Information.	
Safety Signs.	
First Aid Kit.	
Personnel Working Habits.	

COMMENTS:_____

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_____ _____

For EHS (signature) **For the laboratory (signature)**

_____

Printed Name

Laboratory Safety Self Assessment Worksheet

Principal Investigator:_____Building:_____
Department:_____Date:_____ Room Number:_____

Please have all laboratory personnel answer the following questions. Thank you.

1. **General Housekeeping: Corridors, Circulating Spaces**	Yes	No	N/A
Are equipment and materials crowding the exit?			
Are the circulating areas free from obstructions?			

2. **Chemicals: Inventory, Storage, and Handling**	Yes	No	N/A
Is the annual, room by room chemical inventory complete (on disk)?			
Are chemicals stored and segregated properly?			
Are chemicals labeled properly especially those on the bench top?			

3. **Bloodborne Pathogens(BBP) and *M. tuberculosis*(TB):Training, Exposure, etc.**	Yes	No	N/A
Has everyone had the annual TB screening?			
Does the BBP Standard apply?			
If yes, then, Hepatitis B Vaccine forms complete?			
Annual BBP training complete (training card updated)?			

4. **Biomedical Waste Disposal Procedures.**	Yes	No	N/A
Approved sharps containers?			
Approved red biomedical waste bags?			
Are the red bags properly labeled?			
Biomedical and non-biomedical waste segregated properly?			
Has the department prepared a Unit Specific Biomedical Waste Plan?			

5. **Hazardous Waste Disposal Procedures: Labeling, Packaging.**	Yes	No	N/A
Chemical waste containers properly labeled (specific names) and capped?			
Peroxide forming chemicals (ethers, dioxane, etc.) dated?			
Chemical waste containers identify hazards (flammable, toxic, etc.)?			

6. **Fume Hoods, Biosafety Cabinets (BSCs), and Laminar Flow Hoods.**	Yes	No	N/A
Fume Hoods			
Annual inspection labels present?			
Hoods free of all unnecessary items?			
If Radioactive, properly labeled and inspected?			
Biosafety Cabinets and Laminar Flow Hoods			
Annual certification label present?			
Vents blocked?			

7. **Spill Control Kits.**	Yes	No	N/A
Is one present?			
Suitable for the needs of the laboratory?			
Labeled and accessible?			
Are personnel aware of procedures and emergency contacts for large spills?			

8. **Gas Cylinders.**	Yes	No	N/A
Properly capped and secured?			
Stored away from doorways?			

9. **Safety Showers/Eyewash stations.**	Yes	No	N/A
Proper type? (no eyewash bottles)			
Within 10 seconds of the laboratory or readily accessible and unobstructed?			

10. **Emergency Procedures: Fire Extinguishers, Etc.**	Yes	No	N/A
Fire Extinguishers: Inspection tag current?			
Mounted properly?			
Is the *means of egress* free from obstruction?			

11. **Personal Protective Equipment.**	Yes	No	N/A
Is appropriate safety clothing (lab coats, aprons, gloves, etc.) being used?			
Is eye protection (goggles, safety glasses, face shields) available?			

Are respirators being used in compliance with the Respiratory Protection Policy?			

12. **General Laboratory Hazards Information**	Yes	No	N/A
Are hazardous biological agents being used?			
What Biosafety Level I, II, or III? (Circle one).			
Do you handle pathogens found on the *Select Agents* list (**42 CFR§72**)*****?			
Is (are) Laser(s) being used?			
What class 1, 2, 3a, 3b, 4? (Circle one)			
Have all laser users been trained?			

13. **Safety Signs.**	Yes	No	N/A
"No food" signs on refrigerator doors?			
Proper signs for Lasers?			
Proper radiation safety labels?			
General safety signs? (biohazard, restricted access, etc.)			

14. **First Aid Kit.**	Yes	No	N/A
Present and properly stocked?			
Labeled and accessible?			

15. **Laboratory Personnel Habits.**	Yes	No	N/A
Are laboratory benches and work areas cluttered?			
Is food being consumed in the laboratory?			

16. **Electrical Safety.**	Yes	No	N/A
Do extension cords power permanent fixtures?			
Are power outlets overloaded?			
Are electrical cords damaged or frayed?			

*Per 42 CFR§72.7 - Penalties. Individuals in violation of this part are subject to a fine of no more than $250,000 or one year in jail, or both. Violations by organizations are subject to a fine of no more than $500,000 per event. A false, fictitious or fraudulent statement or representation on the government forms required in the part for registration of facilities or for transfers of select agents is subject to a fine or imprisonment for not more than five years, or both for an individual; and a fine for an organization.

Laboratory Signature(s) _____

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UNIVERSITY OF MIAMI
Used Chemical Inventory Form

CAMPUS:_____**BLDG/ROOM:**_____**P.I.:**_____**DATE:**_____

CHEMICAL NAME	QUANTITY/SIZE	LIQ/SOL	REUSABLE*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

*A chemical can be reused if it has not exceeded the shelf life, is in the original sealed container, or if it is a chemical that can be used by another researcher in the existing condition.

Tuberculosis Screening and Testing Form

_____ _____ _____
Print last name, first, middle initial *Date of birth* *Social security #.*

_____ _____ _____
Department *Work phone #* *Supervisor*

_____
Work location (building & room)

*Have you ever tested positive for TB?*_____*When?*_____
*Have you ever taken medication for TB?*_____
*In what Country were you born?*_____
*Were you BCG vaccinated?*_____*When?*_____
*Do you have direct contact with Patients?*_____
*Are you immunocompromised for any reason?*_____
*Have you had a chest xray in the past two years?*_____
*Was it normal?*_____
Do you have any of the following symptoms?

Persistent cough (greater than two weeks) . . . . . *Yes_____No_____*
Unexplained weight loss . . . . . *Yes_____No_____*
Unexplained loss of appetite . . . . . *Yes_____No_____*
Frequent low-grade fevers . . . . . *Yes_____No_____*
Night sweats . . . . . *Yes_____No_____*
Frequent chills . . . . . *Yes_____No_____*
Frequent fatigue . . . . . *Yes_____No_____*

_____ *I consent to be tested for tuberculosis. I will return at the designated time to have the test read. I understand that failure to return may result in disciplinary action.*

_____ *I decline to be tested secondary to a previous positive skin test. I understand I may be required to obtain a chest xray at no expense to myself.*

_____ _____
Employee signature *Date*

_____
Do not write below this line

*Date Placed*_____*Results*_____ *Induration*_____ *Chest Xray Ordered*_____

*Angery Testing*_____*Xray Results*_____

*Medication prescribed*_____

*Comments*_____
_____
_____
_____

*Is this result considered a conversion*_____

_____ _____
Health Care Provider signature *Date*

Clinical Safety Assessment Form

Bldg/room_____Department_____Date_____

Responsible Contact_____

General housekeeping: corridors and circulating spaces.	
Chemicals: inventory, storage and handling	
Biomedical waste disposal procedure	
Clinical personnel working habits	
Cleaning schedules	
Spill control kit	
Gas cylinders	
Eye wash stations	
Fire extinguishers	
Personal protective equipment	
BBP/TB/BMW training	
TB isolation procedure	
Tuberculosis testing	
First aid kit	

COMMENTS:_____

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_____ _____

For EHS (signature) **For the Clinic (signature)**

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(Printed name)

Checklist For UM Right-To-Know and Hazard Communication Policy

TO BE COMPLETED BY ALL NEW/TRANSFER EMPLOYEES AND THEIR SUPERVISORS ON OR BEFORE THE FIRST DAY OF EMPLOYMENT OR UPON THE INTRODUCTION OF A NEW HAZARD INTO THE WORKPLACE. THIS COMPLETED FORM IS REQUIRED AND MUST BE SUBMITTED TO THE APPROPRIATE PERSONNEL OFFICE AS SHOWN BELOW AND A COPY TO ENVIRONMENTAL HEALTH AND SAFETY.

EMPLOYEE'S NAME_____SOCIAL SECURITY_____DEPARTMENT_____

EMPLOYEE'S TITLE_____PAYROLL CLASS (circle): FACULTY, STUDENT, STAFF, ADMINISTRATION,

This checklist certifies that instruction and training on proper procedures (as applicable) has been given to the employee by the supervisor in accordance with the following (check as appropriate):

____ Employee will not be exposed to hazardous substances, bloodborne pathogens or infectious agents. Complete Section 1 only.

____ Employee will be potentially exposed to hazardous chemicals. Complete Sections 1 and 2.

____ Employee will be potentially exposed to bloodborne pathogens and infectious agents. Complete Sections 1 and 3.

	Supervisor / Employee (initials)	
SECTION 1 (General Safety)		
Emergency procedures and exits, evacuation plan, fire pull stations, fire extinguishers.		
Engineering controls, guards, personal protective equipment.		
Respiratory protection, UM Respiratory Protection Policy.		
MSDS* availability, UM Right-to-Know and Hazard Communication Policy.		
Warning labels and hazard information symbols.		
SECTION 2 (Chemical Safety)		
Chemical storage procedures (segregation and incompatibility), location and use of spill kits.		
Properties of hazardous chemicals, detection methods.		
Nearest safety shower, eyewash fountain, first aid kit.		
Chemical waste reduction and disposal, UM Policy and Procedure for Hazardous Waste Disposal.		
UM Laboratory Safety Manual, UM Chemical Hygiene Plan.		
SECTION 3 (Biological Safety)		
UM Policy and Procedure for Handling of Biohazardous Waste.		
UM Bloodborne Pathogens Policy and Procedures (Exposure Control Plan).		
UM Tuberculosis Policy and Procedures		

*MSDS (Material Safety Data Sheet).

_____/_____/_____
Employee's Name (Print) Signature Date

_____/_____/_____
Supervisor's Name Signature Date

Comments:

Original to appropriate personnel office with Personnel Event Form upon employment.
Copy to Office of Environmental Health and Safety.

Copy of the Policy, forms, questions: Office of Environmental Health and Safety (R-23), P.O. Box 016960, Miami, FL 33101

Checklist Instructions
UM Right-To-Know and Hazard Communication Policy

General safety information is provided by Environmental Health and Safety to all employees during new employee orientation. It is the supervisor's responsibility to train the new employee in the recognition of those hazards which may be present in the employee's workplace. There is no substitute for the supervisor's role in training the new employee on hazard recognition and safe work practices. Only the employee's supervisor is in a position to determine those hazards present in the workplace, and the accepted methods and techniques the employee should follow to prevent exposure or injury.

The following guidelines should be followed as part of the training. Not all sections may apply.

SECTION 1 (General Safety)

- Emergency procedures and exits, evacuation plan, fire pull stations, fire extinguishers.
  - › Review with the employee the building's fire plan.
  - › Show the employee:
    - at least two ways to exit the work area.
    - the location of the nearest fire extinguisher, its type, and how it should be used.
    - the location of the nearest fire pull station.
    - where emergency telephone numbers may be found and how to summon help.
- Engineering controls, guards, personal protective equipment.
  - › Go over the various engineering controls and personal protective equipment available. These may include sharps containers, gloves, protective eye/foot wear, machine guards, respirators, fall protection, etc.
- Respiratory protection, UM Respiratory Protection Policy.
  - › If a respirator is to be used by the employee, review the UM Respiratory Protection Policy. Contact EHS, who will provide training, fit testing, and compliance assistance.
- MSDS availability, UM Right-to-Know and Hazard Communication Policy.
  - › Instruct the employee on how to obtain information about hazardous substances.
  - › MSDS information may be obtained from EHS (243-3400). If maintained by the department, the employee should be shown how to access MSDS.
- Warning labels and hazard information symbols.
  - › Explain to the employee how to read hazard labels, signs, and symbols, as well as the various procedures and equipment that should be used.

SECTION 2 (Chemical Safety)

- Chemical storage procedures (segregation and incompatibility), location and use of spill kits.
  - › Identify chemical storage areas for use by the employee.
  - › Show employee how to segregate incompatible chemicals.
  - › Train the employee on how to use spill kit(s), also its(their) location.
  - › Train the employee on the use and availability of personal protective equipment.
  - › Review the chemical disposal procedures.
- Properties of hazardous chemicals, detection methods.
  - › Explain what are the symptoms of exposure from chemicals used by the employee.
  - › Show how to recognize those chemicals present in the workplace.
  - › Test the employee's ability to identify the various chemicals stored or used, and the properties (flammable, corrosive, toxic, carcinogen, etc.) of those hazardous substances stored or used.
- Nearest safety shower, eyewash fountain, first aid kit.
  - › Show the employee where these items are located and how to use them in an emergency.
- Chemical waste reduction and disposal, UM Policy and Procedure for Hazardous Waste Disposal.
  - › Review minimization techniques used in the workplace.
  - › Go over the UM Policy and Procedure for Hazardous Waste Disposal.
- UM Laboratory Safety Manual, UM Chemical Hygiene Plan.
  - › Show where these documents are kept and review them with the employee.
  - › Conduct a mock safety inspection using the checklist contained in the UM Laboratory Safety Manual.

SECTION 3 (Biological Safety)

- UM Policy and Procedure for Handling of Biohazardous Waste.
  - › Show the employee how to handle and dispose of infectious waste.
  - › If waste must be inactivated before disposal, show how.
  - › Instruct employee on what containers should be used (i.e., red bags, sharps containers), and where these are located.
  - › Explain what precautions must be taken to avoid contamination.
- UM Bloodborne Pathogens Policy and Procedures (Exposure Control Plan).
  - › Review the UM Bloodborne Pathogens Policy and Procedure with employee and show where it is kept.
  - › Ascertain that the employee has undergone training required by law.
  - › Have employee sign a vaccination (consent/declination) form.
  - › Issue personal protective equipment to employee and provide instruction on its use.
  - › Train employee on safe work practices and the use of Standard Precautions.
- UM Tuberculosis Policy and Procedures.
  - › Review the UM Tuberculosis Policy and Procedures with employee
  - › Ascertain if the employee will have routine patient contact, work in areas where the ventilation is shared with patients, or work with human subjects from groups with high incidence of tuberculosis.

FOR ADDITIONAL ASSISTANCE IN COMPLETING THIS CHECKLIST, PLEASE CALL ENVIRONMENTAL HEALTH AND SAFETY.