INSTRUCTIONS FOR COMPLETING THE LABORATORY SAFETY PLAN

Print this plan and keep it on file in the laboratory for review

General Lab Information
Required: For all laboratories
- Complete Principal Investigator’s Agreement (page 2)
- Complete Laboratory Information (page 3)
- Review and sign Lab Safety Plan annually (page 4)
- Complete General Lab Safety and Emergency Information (page 13)
- Post lab evacuation route near lab exits
- Print and post Bomb Threat checklist near telephones
- Post Emergency contact information near telephones

UAB Work Safety Orientation Checklist
Required for all labs to provide documentation of training
- Review current practices and procedures and check for any changes or updates
- Mark off items on orientation checklist as they are completed
- Mark off task based training and provide documentation of lab specific training
- Sign off on General and Emergency Safety, Chemical Hygiene Plan, and Exposure Control Plans as they are completed
- Require Principal Investigator or Lab Manager to sign off on training documentation once completed

Exposure Control Plan (separate document)
Required for all labs working with human or primate blood or other potentially infectious material (OPIM)
- Require personnel to complete Basic Biosafety Training
- Review Responsibilities and Requirements
- Require personnel to complete Bloodborne Pathogen Training
- Complete Exposure Determination
- Require personnel to enroll in Occupational Medicine Program

Chemical Hygiene Plan (separate document)
Required for all labs using hazardous chemicals
- Review UAB Chemical Safety and Waste Management Manual
- Require personnel to complete Chemical Safety Training
- Require personnel to complete Hazardous Waste Training
- Compile or update Chemical Inventory
PRINCIPAL INVESTIGATOR’S AGREEMENT

By signing below, I certify that the information presented in the Laboratory Specific Safety Plan Form is accurate and complete. I agree to comply with all the policies and procedures required in the Laboratory Specific Safety Plan and to fully train and supervise all researchers under my direction.

____________________________________
Principal Investigator

____________________________________
Signature

____________________________________
Date

Safety Officer

In addition to the principal investigator, labs may designate one or more lab members to act as a Safety Officer. If a safety officer has been appointed in your lab, please identify below.

____________________________________
Safety Officer Name

____________________________________
Department/ Campus Address/ Campus Phone
LABORATORY INFORMATION

Name/Title (Principal Investigator):

Office Phone:

E-mail address:

Campus Address:

Office Location(s):

UAB Affiliation (Department, Center or Institute):

Lab Location (Building(s)/Room number(s)):

Location of Chemical Inventory:

Individual responsible for training personnel in this lab:
ANNUAL LAB SAFETY PLAN REVIEWAL/ REVISION
P.I. Must Sign Off Each Year

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INSTRUCTIONS FOR LABORATORY SAFETY ORIENTATION CHECKLIST (pg. 6 and 7)

This form is to be used as a template only and does not necessarily imply that you as the Principle Investigator should have all areas completed. This form does, however, allow you to check off all of those areas that do apply to your operation and it provides documentation that the required training has been performed. It is your responsibility to make sure all required training modules are completed and that each person in your lab understands what is required of them. If you have any questions, feel free to contact OH&S at 4-2487.

SECTION 1 (pg. 6)- Safety Orientation Checklist (check applicable fields)
This area is used for documenting training that has occurred in all labs where the topic and its application are required. This form should act as a lab specific training template for all new lab members. After the training has been completed, check off and date those training modules that apply and have the employee sign the form. The PI or designee must also sign and date the form for it to be a valid document. You must have separate documentation for each lab employee on file.

SECTION 2 (pg. 7)- Task-Based Training Programs (check applicable courses)
Check all fields that apply for specialized training. For example, if the employee is working with or is exposed to human/non-human primate blood, human/non-human primate body fluids, hazardous chemicals, select agents or infectious agents, then he/she must be trained in the hazards of bloodborne pathogens (BIO500), chemical safety (CS101), etc. The PI is responsible for performing a job risk assessment to determine the appropriate training required for each employee. OH&S will aid with job-specific risk assessments; for assistance, call 4-2487. Please refer to the OH&S training decision tree for help on what training is required.

SECTION 3 (pg. 7)- Other Requirements (list other requirements specific to your operation)
This section is designed for specific areas of concern that may apply to your laboratory operation. For example, if a respiratory protection program is needed based on the processes in your lab or related to your research, then you must provide respiratory protection (masks, respirators) for your employees with the program. If you have any questions as to which “other” programs are required, please contact OH&S at 4-2487.

After the above sections are completed, both the PI and the lab personnel must sign and date the “Laboratory Safety Plan Agreement” (pg. 8) attesting that the orientation has been completed and understood. These completed forms must be available for review by OH&S personnel when requested (during lab safety audit).
SECTION 1: SAFETY ORIENTATION CHECKLIST

Must be completed for each lab member

____________________________________ (lab personnel) has received laboratory safety training for the following:

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<tr>
<th>Date</th>
<th>Method**</th>
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** I=in person    W=written    O= online

View manuals and training courses at the UAB OH&S website.
TASK-BASED TRAINING COURSES
Must be completed for each lab member

UAB Learning System Training Programs (check all that apply)

  ___ Chemical Safety Training – CS101 (required if lab uses chemicals)

  ___ Hazardous Waste Training – CS055 (required for the handling, storing, packing and manifesting of hazardous chemical waste)

  ___ Medical Waste Training – BIO301L (required for the generating, handling, packing, or signing for pickup of medical waste)

  ___ Basic Biosafety – BIO303 (required if lab uses BSL-1 or BSL-2 containment, practices, procedures)

  ___ Hazard Communication – HS200 (required for all labs)

  ___ Bloodborne Pathogens Training – BIO500 (required for labs with potential for exposure to bloodborne pathogens)

  ___ Shipping Infectious Substances, Category A training – BIO202 (required for the handling or packing of a Biological Substance, Category A)

  ___ Shipping Biological Substances, Category B training – BIO201 (required for the handling or packing of a Biological Substance, Category B)

  ___ Shipping with Dry Ice – BIO200 (required for the handling or packing of shipping packages using dry ice)

  ___ Enrollment in Occupational Medicine Program (required for all lab personnel)

SECTION 3: List All Other Lab-Specific Requirements
Other Requirements (i.e. Respiratory Protection Program):

__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
LABORATORY SAFETY PLAN AGREEMENT
SHOULD BE COMPLETED BY EACH EMPLOYEE

By signing below, I certify that I have read the Laboratory Safety Plan and its supplemental material in its entirety. I understand the Laboratory Specific Safety Plan and agree to follow the policies and procedures as described in the plan when working in the laboratory for which it was written.

______________________________  ______________________________
Employee Signature               Date

______________________________  ______________________________
PI/Supervisor Signature          Date

Chemical Hygiene Plan Sign Off

By signing below, I certify that I have read the Chemical Hygiene Plan in its entirety. I understand the Chemical Hygiene Plan and agree to follow the policies and procedures as described in the plan when working in the laboratory for which it was written.

______________________________  ______________________________
Employee Signature               Date

______________________________  ______________________________
PI/Supervisor Signature          Date

Exposure Control Plan Sign Off

By signing below, I certify that I have read the Exposure Control Plan in its entirety. I understand the Exposure Control Plan and agree to follow the policies and procedures as described in the plan when working in the laboratory for which it was written.

______________________________  ______________________________
Employee Signature               Date

______________________________  ______________________________
PI/Supervisor Signature          Date
LABORATORY EMERGENCIES

Emergency Evacuation Plan: Attach map/diagram

Location of posted building floor plan evacuation route signs

Emergency evacuation route(s) to be used by students, staff, and visitors

Location of emergency assembly point

Method to be used to account for laboratory staff, students, and visitors in the event of an emergency

Location of areas of refuge for mobility impaired staff, students and visitors:

Staff Emergency Evacuation Responsibilities

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Individual</th>
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<tbody>
<tr>
<td>Shutting off oxygen or compressed gases</td>
<td></td>
</tr>
<tr>
<td>Shutting off equipment, experiments or reactions</td>
<td></td>
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<tr>
<td>Securing all freezers and refrigerators</td>
<td></td>
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<tr>
<td>Ensuring all personnel have left the area</td>
<td></td>
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<tr>
<td>Head count at assembly area</td>
<td></td>
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<tr>
<td>Closing and securing all doors</td>
<td></td>
</tr>
<tr>
<td>Securing or removing personnel items</td>
<td></td>
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<tr>
<td>Securing laboratory materials</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
Medical Emergencies


Fire Safety

Fire extinguisher locations (room # and area)

Locations of the fire alarm pull stations (room # and area)

Adverse Weather

Location of safe area(s) in case of adverse weather (corridors, stairways, etc.):

Bomb Threats/ Suspicious Packages
Review Lab Procedures. Print Bomb Threat check sheet and post near telephones

Loss of Utilities
Equipment that must be shut down during loss of utilities:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Location</th>
<th>Responsible Individual</th>
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</table>
LABORATORY SECURITY (fill out all that apply)

Risk Assessment performed by

Hazardous materials and chemicals and locations

Hazardous equipment and location

Infectious agents and locations

Select agents and toxins and locations

Laboratory Safety Equipment

Location(s) of laboratory eyewash(s)

Location(s) of safety shower(s)

Location(s) of first aid kit(s)

Location(s) of Biological/Chemical Spill kit(s) in the laboratory

Minimal requirements of PPE associated with specific types of lab work
PHYSICAL HAZARDS

Circle the method(s) of risk reduction used for each hazard encountered in your lab.

**Engineering Control:** any physical or mechanical measures taken to minimize risk exposure (closed doors, added ventilation, etc.)

**Administrative Control:** any work practice taken to minimize risk exposure (safety policies, life safety audit, lock-out tag-out, etc.)

**PPE Control:** any equipment worn or used by worker to minimize risk exposure (gloves, safety glasses, lab coat, etc.)

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Method of Risk Reduction</th>
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<tbody>
<tr>
<td>Burn</td>
<td>Engineering  Administrative  PPE</td>
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<tr>
<td>Chemical Exposure</td>
<td>Engineering  Administrative  PPE</td>
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<tr>
<td>Biological Exposure</td>
<td>Engineering  Administrative  PPE</td>
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<td>Electrical</td>
<td>Engineering  Administrative  PPE</td>
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<tr>
<td>Cryogenic</td>
<td>Engineering  Administrative  PPE</td>
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<td>High Noise Levels</td>
<td>Engineering  Administrative  PPE</td>
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<td>High Pressure Systems</td>
<td>Engineering  Administrative  PPE</td>
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<td>Lasers</td>
<td>Engineering  Administrative  PPE</td>
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<td>Physical Impacts from Falling Objects</td>
<td>Engineering  Administrative  PPE</td>
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<tr>
<td>Sharps</td>
<td>Engineering  Administrative  PPE</td>
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<td>Slip/Trip</td>
<td>Engineering  Administrative  PPE</td>
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<td>Steam Generators and Autoclaves</td>
<td>Engineering  Administrative  PPE</td>
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<td>Radiation</td>
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<td>Other:</td>
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<td>Other:</td>
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EMERGENCY CONTACT INFORMATION

Reporting General Emergencies
For any emergency situation, contact the UAB Police or use the nearest Help Phone. State your name, location and the nature of the emergency. Send someone to meet the emergency responders if needed.

Place all Emergency calls from a UAB desk phone
- UAB Police/ Fire/ Ambulance: 911 or 4-3535
- Poison Control: (800) 222-1222
- UAB Hospital Emergency Room: 4-4911
- Occupational Medicine/The Workplace: 933-5300
- UAB HR On-The-Job-Injury Information: 4-4458

Location of Clinics for Employee Medical Treatment:

UAB Hospital Emergency Department
Jefferson Towers North 1st Floor
934-5100
Entrance is on 6th Av. South

Occupational Medicine-The Workplace
Health South Medical Center
1201 11th Avenue South, Suite 100
933-5300

Occupational Health and Safety
UAB Occupational Health And Safety: 4-2487
UAB Hazardous Materials Facility: 4-3797

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<thead>
<tr>
<th>Name</th>
<th>Office location/phone</th>
<th>Home Phone</th>
<th>Cell Phone</th>
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<tr>
<td>Primary Investigator</td>
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<td>Laboratory Supervisor</td>
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<td>Authorized Lab User</td>
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