



ENVIRONMENTAL HEALTH & SAFETY

The University of Alabama at Birmingham

INSTRUCTIONS FOR COMPLETING THE LABORATORY SAFETY PLAN

General Lab Information

Required: For all laboratories

- Completed Principal Investigator's Agreement
- Complete Laboratory Information
- Review and Sign Lab Safety Plan Annually
- Complete General Lab Safety and Emergency Information
- 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: To provide documentation of training

- Review practices and procedures already in place for any changes or updates
- Review and receive training/ information for any new practices procedures
- Mark off items on orientation checklist as completed
- Mark off task-based training and provide training documentation of training
- Sign off on General and Emergency Safety, Chemical Hygiene Plan and Exposure control plans as completed
- Have training/ sign off sheets signed by PI or lab manager

Exposure Control Plan

Required: For all labs working with human or primate blood or other potentially infectious material (OPIM)

- Complete Exposure Determination
- Review Responsibilities and Requirements
- Have personnel complete [Bloodborne Pathogen Training](#) if not already taken
- Have personnel enroll in the [Occupational Medicine Program](#)

Chemical Hygiene Plan

Required: For all labs using hazardous chemicals

- Complete Plan Provided
- Have personnel complete Chemical Safety Training ([CS101](#))
- Have personnel complete Hazardous Waste Training ([CS055](#))
- Compile or update [Chemical Inventory](#)

PRINCIPAL INVESTIGATOR'S AGREEMENT

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 train and supervise all researchers under my direction fully.

Signature:

Date:

Principal Investigator:

Safety Officer

In addition to the principal investigator, labs may designate one or more lab members to act as a safety officer. If appointing a safety officer 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/ ZIP:

Location(s) of Office:

UAB Affiliation (Department, Center or Institute):

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

Location of [Chemical Inventory](#):

Individual responsible for training personnel in this lab:

ANNUAL LAB SAFETY PLAN REVIEWAL/ REVISION

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

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Date:

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Instructions to complete “Laboratory Safety Orientation Checklist”

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 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 UAB’s Department of Environmental Health and Safety (EHS) at (205) 934-2487.

SECTION 1- 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 completing the training, 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.

SECTION 2 – Task-Based Training Programs

Check all fields that apply for specialized training. For example, if the employee is working with or 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, chemical safety, etc. The PI is responsible for performing a job risk assessment to determine the appropriate training required for each employee. EHS will aid with job-specific risk assessments; for assistance, phone 4-2487. Please refer to the [EHS training decision tree](#) for help on what training is required.

SECTION 3 - Other Requirements as Listed

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 your employees with the program. If you have any questions as to which “other” programs are required, please contact EHS at 4-2487.

Sign and date the “Laboratory Safety Plan Agreement” attesting that the orientation has been completed and understood. These completed and filed forms must be available for review by EHS personnel when requested.

LABORATORY SAFETY ORIENTATION CHECKLIST

SECTION 1 (Should be completed for each lab member)

_____ has received laboratory safety training for the following:

	Date	Method**
General Laboratory Safety		
<input type="checkbox"/> Emergency Evacuation Plan and procedures		I/ W/ O
<input type="checkbox"/> Medical Emergency Procedures		I/ W/ O
<input type="checkbox"/> Non-Medical Emergency Procedures		I/ W/ O
<input type="checkbox"/> Loss of Utilities, gas leaks and flooding		I/ W/ O
<input type="checkbox"/> Laboratory Security		I/ W/ O
<input type="checkbox"/> Workplace Violence		I/ W/ O
<input type="checkbox"/> Eyewash: location and use		I/ W/ O
<input type="checkbox"/> Safety Shower: location and use		I/ W/ O
<input type="checkbox"/> Fire Extinguishers: locations and proper use		I/ W/ O
<input type="checkbox"/> Fire Alarm Pull Stations: locations and proper use		I/ W/ O
<input type="checkbox"/> PPE and Proper laboratory Attire		I/ W/ O
<input type="checkbox"/> Physical Laboratory Hazards		I/ W/ O
<input type="checkbox"/> Electrical Laboratory Hazards		I/ W/ O
Chemical Safety		
<input type="checkbox"/> Chemical Hygiene Plan		I/ W/ O
<input type="checkbox"/> MSDS sheets		I/ W/ O
<input type="checkbox"/> Chemical Waste Handling		I/ W/ O
<input type="checkbox"/> Fume Hood: use and care		I/ W/ O
<input type="checkbox"/> Chemical Spill Kit: location and use		I/ W/ O
Biosafety		
<input type="checkbox"/> Exposure Control Plan		I/ W/ O
<input type="checkbox"/> Biological Safety Cabinet: proper use and care		I/ W/ O
<input type="checkbox"/> Autoclave: location and proper procedures		I/ W/ O
<input type="checkbox"/> Disinfectant Solutions: selection and proper use		I/ W/ O
<input type="checkbox"/> Biological Spill Kit: location and use		I/ W/ O
<input type="checkbox"/> Sharps: proper use and disposal		I/ W/ O
<input type="checkbox"/> Broken Glass Discard Box: proper use		I/ W/ O

** I=in person W=written O= online

View manuals and training courses at the [UAB EHS website](#).

SECTION 2

[UAB Learning System](#) Training Programs (check all that apply):

- [Chemical Safety Training](#) – CS101
- [Hazardous Waste Training](#) – CS055
- [Medical Waste Training](#) – BIO301L
- [Basic Biosafety](#) – BIO303
- [Hazard Communication](#) – HS200
- [Bloodborne Pathogens Training](#) – BIO500 initial and annual refresher
- [Shipping Infectious Substances, Category A training](#) – BIO202
- [Shipping Biological Substances, Category B training](#) – BIO201
- [Shipping with Dry Ice](#) – BIO200
- Enrollment in [Occupational Medicine Program](#)

SECTION 3

Other as listed: (i.e., Respiratory Protection Program)

Principal Investigator/ Date

Employee Signature/ Date:

LABORATORY SAFETY PLAN AGREEMENT

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

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

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 SAFETY PLAN

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 the emergency assembly point

The method that will 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

Task	The employee responsible for the task
Shutting off oxygen or compressed gases	
Shutting off equipment, experiments or reactions	
Securing all freezers and refrigerators	
Ensuring all personnel have left the area	
Headcount at the assembly area	
Closing and securing all doors	
Securing or removing personnel items	
Securing laboratory materials	
Other	

Medical Emergencies

Review [UAB Policy](#) and Lab Specific Procedures. Post emergency numbers near the phone. Have accident report forms readily accessible.

Fire Safety

Fire extinguisher locations

Locations of the fire alarm pull stations

Adverse Weather

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

Bomb Threats/ Suspicious Packages

Review of Lab Procedures. Print [Bomb Threat check sheet](#) and post near telephones

Loss of Utilities

Equipment that must be shut down during loss of utilities:

	Description:	Location:	Person Responsible:
Laboratory Security (fill out all that apply)			

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 laboratory 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:

Other Laboratory Hazards

Electrical

Electrical Hazard	Location

Physical Hazards

Indicate the physical hazards encountered in your lab by checking the boxes below
 Circle the method(s) of risk reduction used for each hazard checked.

<u>Hazard</u>	<u>Method of Risk Reduction</u>		
Burn Hazards	Engineering	Administrative	PPE
Compressed Gases	Engineering	Administrative	PPE
Cryogenic Hazards	Engineering	Administrative	PPE
Electrical Hazards	Engineering	Administrative	PPE
Foot Compression Hazards	Engineering	Administrative	PPE
Hand or Portable Power Tools	Engineering	Administrative	PPE
High Noise Levels	Engineering	Administrative	PPE
High-Pressure Systems	Engineering	Administrative	PPE
Lasers	Engineering	Administrative	PPE
Machine Operation Hazards	Engineering	Administrative	PPE
Physical Impacts from Falling Objects	Engineering	Administrative	PPE
Sharps	Engineering	Administrative	PPE
Slip/Trip Hazards	Engineering	Administrative	PPE
Steam Generators and Autoclaves	Engineering	Administrative	PPE
UV Light	Engineering	Administrative	PPE
Other:	Engineering	Administrative	PPE
Other:	Engineering	Administrative	PPE
Other:	Engineering	Administrative	PPE

Emergency Contact Information

Reporting General Emergencies

For any emergency, 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 939-9201/933-4050
- 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

	Name	Office location/phone	Home Phone	Cell Phone
PI				
Laboratory Supervisor				
Authorized Lab User				
Authorized Lab User				
Authorized Lab User				
Authorized Lab User				