

Laboratory Environmental Health and Safety Policy

Purpose: The purpose of this policy is to ensure safe and healthy laboratory environments within the College of Technology that minimize the impact of environmental harm.

Scope: This policy is applicable to all laboratories within the College of Technology

References: 29 CFR OSHA 1910 Occupational Safety and Health Standards for General Industry

General Requirements:

The College of Technology is committed to ensuring a safe and healthy environment for its employees, visitors and students and will take all appropriate measures including the following:

- Hazardous conditions within the laboratories are assessed and mitigated in a timely manner by conducting a hazard assessment of the laboratories' physical environment, tools, equipment, materials and activities.
- Employees and students are appropriately trained on all safety precautions necessary to work safely within the laboratory environment
- Any occurrence of hazardous conditions and incidents are reported, assessed and mitigated in a timely manner
- All safety and environmental legal requirements shall be met
- The College shall ensure that each lab maintains a list of hazardous materials
- Communicate to the ISU Office of Environmental Safety all new hazardous materials brought into the laboratories.
- An up to date safety data sheet shall be provided to the ISU Office of Environmental Safety to be maintained in the online safety data sheet management system
- Each laboratory that handles hazardous materials shall ensure appropriate training to users and ready access to safety data sheets.
- All hazardous waste shall be disposed of in a manner approved by the ISU Office of Environmental Safety.
- Consideration is given to the safety, health and environmental implications when introducing new tools, materials, equipment or process and the laboratory hazard assessment shall be reviewed to ensure the change does not introduce new uncontrolled hazards
- Laboratory hazard assessments shall be reviewed and updated annually or when changes occur to material, equipment, tools, or process.

Roles and Responsibilities:

College Dean: The Dean of the College of Technology shall ensure adequate resources and support to facilitate the laboratory safety policy.

Department Chairs: Department chairs shall ensure the requirements of the laboratory safety policy are maintained. They shall appoint responsible persons within their department to ensure laboratory hazard assessments are conducted and maintained for each lab. Department chairs shall ensure hazardous conditions are controlled.

Faculty and Staff: While using the labs, professors, instructors, and lecturers shall enforce all applicable health and safety and environmental requirements and communicate and train students and other users on the safe use of the laboratory facilities.

Students and Visitors: Students and visitors are responsible to follow precautionary requirements for their safety including use of personal protective equipment, when appropriate.

Documents and Records: All documents and records shall be maintained so they are retrievable, legible, and in accordance with all applicable legislation and collective bargaining agreements.

Appendices

Appendix A: Main Requirements of the Laboratory Safety Policy

Appendix B: COT Laboratory Hazard Assessment


Appendix A

Main Requirements of the Laboratory Safety Policy

Main requirements of the laboratory safety policy are as follows:

- Ensure each department appoints persons responsible for each lab
- Ensure a hazard assessment is conducted for each lab and reviewed at least annually or as new introductions to material, equipment, tools or process are made
- Ensure all hazards are mitigated in a timely manner
- Ensure all necessary injury prevention engineering controls, written programs, training, communication and signage are in place as indicated by the hazards of each lab. (I.e. Heavy machinery requires machine safety program including LOTO, adequate guards, communication and training. Any lab using chemicals must ensure users have hazard communication training and must know how to read and access the chemical SDS as well as how to safely handle, store and dispose of each chemical)
- Ensure an inventory list of chemicals are maintained for each lab and ensure an up-to-date safety data sheet (SDS) is provided the ISU Office of Environmental Safety
- Ensure documentation and records of hazard assessments, injury prevention programs, training and communication are maintained in a manner that is retrievable and legible and in accordance with local requirements.

Appendix B

 Indiana State University		COT Laboratory Hazard Assessment	
Department:		Shop/Lab:	
Type of Hazard Present	Describe Hazards	Existing Controls (Describe existing controls in place)	Additional Controls Recommended (Described all additional controls required to mitigate this hazard)
<input type="checkbox"/> Impact (e.g. falling or flying objects, sand, dirt, dust, particulate, etc.)		Describe: Indicate PPE in Use: <input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: Indicate Additional PPE Required: <input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cuts/Penetration (e.g. cuts, punctures, lacerations, etc.)			Describe: Indicate Additional PPE Required: <input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Pinch/Crush/Roll Over (e.g., moving machine parts, falling/rolling heavy equipment, etc.			Describe:

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			<p>Indicate Additional PPE Required: <input type="checkbox"/>Eye/face <input type="checkbox"/>Hand <input type="checkbox"/>Head <input type="checkbox"/>Clothing <input type="checkbox"/>Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p><input type="checkbox"/> Chemical (e.g. pouring, mixing, splash hazards, washing/cleaning, etc.) Eye/face Hand Head Flammable Toxic Corrosive Reactive Asphyxiant Other</p>			<p>Describe:</p> <p>Indicate Additional PPE Required: <input type="checkbox"/>Eye/face <input type="checkbox"/>Hand <input type="checkbox"/>Head <input type="checkbox"/>Clothing <input type="checkbox"/>Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p><input type="checkbox"/> Biological (e.g. infectious materials, human or animal tissue, blood or body fluids, biological toxins, etc.)</p>			<p>Describe:</p> <p>Indicate Additional PPE Required: <input type="checkbox"/>Eye/face <input type="checkbox"/>Hand <input type="checkbox"/>Head <input type="checkbox"/>Clothing <input type="checkbox"/>Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
<p><input type="checkbox"/> Thermal (Hot/Cold) (e.g. torching, hot sparks, welding, working on steam systems, working with steam systems, working with cryogenic gases, etc.)</p>			<p>Describe:</p> <p>Indicate Additional PPE Required:</p>

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			<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Electrical (e.g. exposed electrical conductors, energized parts, electrical switch gear, etc.)			Describe: Indicate Additional PPE Required: <input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Harmful Dust/Mists/Fumes/Vapors (e.g., grinding, drilling, sanding, welding, brazing, soldering, working with silica dust, nanomaterials, animal bedding, allergens, etc.)			Describe: Indicate Additional PPE Required: <input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Light (Optical) Radiation (e.g. laser, UV light, optical, etc.)			Describe: Indicate Additional PPE Required:

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			<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ionizing Radiation (e.g., X-rays, radioisotopes, etc.)			Describe: Indicate Additional PPE Required: <input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Noise (e.g. continuous noise, impact noise, intermittent noise, etc.			Describe: Indicate Additional PPE Required: <input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ergonomic (manual material handling, repetitive movements, awkward postures)			Describe: Indicate Additional PPE Required:

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			<input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (e.g. slippery walking surfaces, working from heights, vibration, etc.)			Describe: Indicate Additional PPE Required: <input type="checkbox"/> Eye/face <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Clothing <input type="checkbox"/> Foot/leg Other: _____ Do hazards prohibit working alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> NONE (check if no apparent hazards exist)			

Assessment completed by:	Date:
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