

Lab-Specific Safety Training Plan

Principal Investigator:

Date:

School or Department:

The OSHA Laboratory Safety Standard and the University's Chemical Hygiene Plan require all employees working in a laboratory to participate in a minimum of two courses:

- 1. Lab Safety provided by UNC Charlotte Environmental Health and Safety.
- 2. Lab-Specific Training provided by the lab Principal Investigator or their designee.

EHS provides employees the laboratory safety training upon initial hire and a refresher thereafter. Registration for this course can be accomplished by visiting the EHS training website.

This Lab-Specific Safety Training Plan checklist assists the PI or lab supervisor in providing labspecific training. It is the PI's responsibility to ensure all research laboratory personnel and visitors are trained. This training must be provided initially, annually and anytime there is a major procedural change in the lab. Use this checklist as a guide. You must address all hazards that are applicable to your research, including biological, chemical, and radiation safety. There is an open section in this checklist to use for describing these specific hazards. Keep a signed copy as the training record for the employee's duration of employment in the lab.



Review the following:

| General: | Yes | No | N/A |
|------------------------------------------------------------------------------------|-----|----|-----|
| Lab-specific standard operating procedures for the safe handling and use of | | | |
| chemical, biological, and radioactive materials | | | |
| Physical and health hazards, both acute and chronic, associated with the materials | | | |
| Signs and symptoms associated with exposures to hazardous materials in the lab | | | |
| Methods and observation techniques to determine the presence or release | | | |
| of hazardous materials | | | |
| Precautions taken to mitigate hazards | | | |
| Location of signage including safety signs and emergency numbers | | | |
| How to properly clean-up your laboratory equipment and work areas | | | |
| Procedures for transporting hazardous materials safely across campus | | | |
| Location of EHS training classes | | | |
| Lab food and drink policy | | | |

| Chemicals: | Yes | No | N/A |
|------------------------------------------------------------------------|-----|----|-----|
| Storage location of chemicals and their segregation by compatibility | | | |
| Requirements for chemical labeling on primary and secondary containers | | | |
| Use, storage and handling of gas cylinders and cryogenics | | | |
| | | | |





| Biological: | Yes | No | N/A |
|------------------------------------------------------------------------------------|-----|----|-----|
| Annual Biosafety and Bloodborne Pathogen training for working with human materials | | | |
| Biosafety Manual and Exposure Control Plan and procedures | | | |
| Biological Decontamination and Spill Clean-up Plan | | | |

| Radiation: | Yes | No | N/A |
|-------------------------------------------------------|-----|----|-----|
| General requirements posting, training and security | | | |
| Food and beverage prohibition | | | |
| Proper laboratory attire see PPE below | | | |
| Contamination surveys and instrumentation | | | |
| Radioisotope spills and emergencies | | | |
| Permit Holder responsibilities | | | |
| Radioisotope purchasing and transfer | | | |
| Radioactive waste management and disposal | | | |
| GM operation and survey protocol | | | |
| Record keeping requirements | | | |
| Personnel monitoring and dosimetry | | | |
| ALARA considerations | | | |



| Equipment: | Ye | s No | N/A |
|----------------------------------------------------|----|------|-----|
| Location and safe use of eyewash and shower | | | |
| Location and safe use of chemical fume hoods | | | |
| Location and safe use of Biological Safety Cabinet | | | |
| Proper use of other ventilation systems | | | |
| Safe and effective use of autoclaves | | | |
| Centrifuge safety | | | |

| Personal Protective Equipment: | Yes | No | N/A |
|---------------------------------------------------------------------------|-----|----|-----|
| PPE requirements for personnel | | | |
| Where personnel can obtain PPE and how to launder or dispose of after use | | | |

| Emergency Response: | Yes | No | N/A |
|-------------------------------------------------------------------------------------|-----|----|-----|
| Location of Emergency Response Guide | | | |
| Location of emergency equipment including spill kits, fire extinguishers and alarms | | | |
| Emergency shut-offs for water and gas in your laboratory | | | |
| Emergency procedures including evacuations and spill clean-up | | | |
| How to contact EHS in the event of an injury | | | |



| Waste: | Yes | No | N/A |
|------------------------------------------------------------------------------|-----|----|-----|
| Correctly labeling and storing hazardous chemical waste and waste containers | | | |
| Processes and locations for proper hazardous wastes disposal | | | |
| How to dispose of broken glass and prep glass bottles for recycling | | | |
| Procedures for disposal of highly toxic chemicals, carcinogens or | | | |
| chemotherapeutics | | | |

| Documentation: | Yes | No | N/A |
|---------------------------------------------------------------|-----|----|-----|
| Location of Material Safety Data Sheets and lab-specific SOPs | | | |
| Location of current lab safety documentation | | | |
| How to obtain training records | | | |
| How to obtain incident report forms | | | |
| Recent laboratory inspections and/or self-inspection | | | |

| Occupational Medical Surveillance: | Yes | No | N/A |
|--------------------------------------------------------|-----|----|-----|
| How to get vaccinated and medically evaluated | | | |
| Location and contact information for the Campus Health | | | |

Additional Site Specific Topics: Describe any additional topics covered during the training.



Training Record:

In accordance with the OSHA Laboratory Safety Standard and the University's Chemical Hygiene Plan, the individuals listed below have been provided with Lab-Specific Safety Training.

Printed Name

Signature

Date

I certify that the topics indicated on this training checklist were covered as applicable in this training session.

Instructor:

Signature:

Date of training: