

Safety Check-in Form for Laboratory Personnel (Sample Form) for the Department of Food Science & Human Nutrition, Iowa State University

This document must be read and initialed by all researchers in the FSHN Department who work in laboratories housed in MacKay Hall, Human Nutritional Sciences Building, Nutrition and Wellness Research Center (Research Park) and the Food Sciences Building to verify proper safety training for group and departmental research activities. Researchers include faculty members, staff, visiting scientists, post-doctoral associates, graduate and undergraduate students, and workers hired on an hourly basis.

No research shall begin until each category in this form has been initialed and dated, and the completed form reviewed and approved by the appropriate supervisor or lab manager.

Name _____

Supervisor/Primary Investigator (PI): _____

1. I have read the Iowa State University Laboratory Safety Manual, and know its location in our laboratory. If I have any concerns regarding proper chemical hygiene, safety or practice in my laboratory that are not clearly discussed in this plan, I can contact _____ or the following people in this order:

Joe Przybyszewski (Dept. of FSHN Lab Safety Officer)
William Diesslen, 2809 Daley Drive, 4-2105 (Assistant Director, EH&S)
Rich McColley, 2809 Daley Drive, 4-9698 (Associate Director, EH&S)
Current members of the FSHN Safety Committee

Initials: _____

Date: _____

2. I have completed a Hazard Inventory Form under the guidance of _____ and sent it to EH&S. This applies to a new employee, an employee who changes job positions, work responsibilities and/or workplace hazards (including starting a new lab method). I have completed a training needs assessment and have had the appropriate online training modules and active courses offered by EH&S.

Initials: _____

Date: _____

3. I have received and understand **lab-specific training** concerning the location of lab safety equipment and the safe handling and storage of chemicals in the _____ research laboratory in addition to my reading of the Laboratory Safety Manual, laboratory safety training, and any additional documents prepared by _____.

Initials: _____

Date: _____

4. I am aware that _____ is required to perform quarterly and yearly laboratory inspections or requested laboratory inspections to be sure the area is clean and meets all of the appropriate safety requirements (making sure that all chemical mixtures conform with safety requirements) so that the area I will be occupying meets all safety requirements before I start research and as research progresses through my career.
Initials: _____
Date: _____
5. I understand the proper procedures for managing and disposal of all chemical waste in the _____ research laboratory. I am responsible for my own Satellite Accumulation Area(s) located in the laboratories that I use.
Initials: _____
Date: _____
6. Whenever new research methods are developed in the lab during my stay, they will be discussed with _____ and must include a discussion of safety procedures necessary for the method as well as completion and submission of the Hazard Inventory form.
Initials: _____
Date: _____
7. I understand that research may need to be conducted at all hours of the day. I may need to find a companion to work in the lab at the same time so that I am not alone in the lab in case of an emergency during a particular experiment or I may agree to call a friend/supervisor every 30min (or other designated time) to ensure my safety.
Initials: _____
Date: _____
8. I have access to and know the location of the material safety data sheets (MSDS) in my laboratory that describe hazards of chemicals in the laboratory. I understand that I must use them for information about chemicals used in established methods in the _____ laboratory and new chemicals that I will use when I start a new method. I understand the MSDS sheets are there for my use at any time.
Initials: _____
Date: _____
9. If I am injured at work (even if I think the injury is too minor to do so), I know that I must report the injury to _____ (supervisor) who will assist me in seeking medical treatment as in section I of the LSM. Briefly,
For non-life threatening treatment:
employees report to McFarland Clinic Occupational Medicine Office (294-4496)
students report to ISU Student Health Center (294-5802)
For life threatening treatment: employees and students call 911 (remember to state that you are at Iowa State University)
After hours: employees, students report to Mary Greeley Medical Emergency Dept. (239-2011)
Initials: _____
Date: _____

10. I understand that wearing safety glasses or goggles and a lab coat are required for laboratory work at all times. When working with chemicals or biohazards I should also wear gloves that are recommended to protect against the hazard in question. I have read and understood the information concerning protective equipment contained in the Laboratory Safety Manual.

Initials: _____

Date: _____

11. I understand the Laboratory Emergency Action Plan for the _____ group. After viewing the evacuation map for _____ building, I understand that, in case of fire, after safely evacuating the building I will go to _____. In case of a tornado, I will go to the designated place identified in the evacuation map of the building I am in (usually the lowest level of the building away from windows). In either case, I understand where the group will assemble and I will help to check that everyone in our research group is accounted for.

Initials: _____

Date: _____

12. I know the location of all safety equipment in my laboratory area and any other laboratory that I may work in. These include the nearest first-aid kit, fire extinguisher, safety shower, eyewash, spill kits, circuit breakers, training records, SOPs and the nearest phone.

Initials: _____

Date: _____

13. I understand that before I use laboratory equipment in my research laboratory, a qualified person as determined by _____ should train me in the proper procedures. This equipment includes:

- (a) Spectrophotometers,
- (b) Centrifuges,
- (c) add others as necessary

Initials: _____

Date: _____

14. I understand the lab notebook format that _____ wants and where I should store my lab notebook (and carbon copies) and the computer data/graphs files generated from my work when I am not actively using the notebooks (this is to protect my data in the event of a disaster in the laboratory)

Initials: _____

Date: _____

15. I understand that before I leave the _____ laboratory, I must complete a checkout

procedure that will include:

- (a) Properly disposing of all chemical waste and old samples and buffers that are not needed.
- (b) Properly storing and labeling all research products to be kept by my research group for further use.
- (c) Preparing a complete inventory of all research products remaining behind.
- (d) Cleaning up my personal workspace.
- (e) Ensuring that my lab notebooks are up to date and are easy for others to find information that they might need.
- (f) An inspection by the PI/supervisor or lab manager or safety officer

Initials: _____

Date: _____

Form updated by JP 08/10/2009