



Albert Einstein College of Medicine

Health and Safety Evaluation Form

For Research Involving All Hazards

For EH&S Use Only

Protocol Number: _____

Date: _____

Principal Investigator

Name: _____
Last First MI

Department: _____ E-Mail: _____

Building/Room: _____ Phone: _____ FAX: _____

Additional Locations: _____

Members of Laboratory

Please check the appropriate hazard for each employee.

Name	Job Title	Bio.	Chem.	Rad.	Con. Sub.	BBP	Safety Use Only Training Dates		
							HC	RAD	RAD Refresher

Additional employees on page 4. Con. Sub. = Controlled Substances

1. Title of Research Project: _____

2. Location of Experiment: _____
Building and Room

3. Does your protocol have:

Yes No

Biological Agents – If Yes, complete **Section 1**

Recombinant DNA – If Yes, complete **Section 1 and Document of Registration**

Hazardous Chemicals - If Yes, complete **Section 2**

Radioisotopes - If Yes, complete **Section 3**

Controlled Substances - If Yes, complete **Section 2**

Carcinogens - If Yes, complete **Section 2**

If you indicated Yes for any of the above answers, please complete the corresponding section(s).

Section 1 Biological Information

A. List of Infectious Agent(s) and/or Microbial Toxin(s)

Infectious Agent(s) and/or Microbial Toxin(s)	Biosafety Level* (1, 2, or 3)

*(refer to CDC Handbook on EH&S website or on reserve in library)

B. Briefly describe the procedures and the biological implications of the agents listed above. Attached additional sheets if required.

C.

Yes	No	
		Does your project involve recombinant/synthetic DNA? If Yes, please fill out a Document of Registration (DOR) form available with your Grant Application or from the EH&S website.
		Will a biological Safety Cabinet be used? If No, why not?
		Are emergency contact numbers accessible?
		Is access to the laboratory restricted? If No, why?
		Is there a biohazard sign on the laboratory door?
		Will personal protective equipment be supplied? (Check all that apply) Gloves Lab coat Safety glasses Mask Other, please list:
		Do you autoclave or chemically disinfect all infectious material before disposal?
		Are lab workers properly trained for this project?

D. Briefly explain emergency procedures for personal exposure to biological agents.

E. Animals

Yes	No	
		Does the project involve animals?
		Will animals be exposed to biological agents? If yes, please complete Section 4 .

F. Complete Section 5.

Section 2 Hazardous Chemicals, Carcinogens, Controlled Substances

Please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Alpha-Naphthylamine | <input type="checkbox"/> Benzidine | <input type="checkbox"/> 2-Acetylaminofluorene |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Formaldehyde | <input type="checkbox"/> Methyl Chloromethyl ether |
| <input type="checkbox"/> 1,2-dibromo-3-chloropropane | <input type="checkbox"/> Ethyleneimine | <input type="checkbox"/> 4-Dimethylaminoazobenzene |
| <input type="checkbox"/> Arsenic, inorganic compound | <input type="checkbox"/> b-Naphthylamine | <input type="checkbox"/> Picric Acid |
| <input type="checkbox"/> Acrylonitrile | <input type="checkbox"/> 4-Aminodiphenyl | <input type="checkbox"/> N-nitrosodimethylamine |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> Bis-Chloromethyl ether | <input type="checkbox"/> Perchloric Acid |
| <input type="checkbox"/> Ethylene oxide | <input type="checkbox"/> 3,3-dichlorobenzidine | <input type="checkbox"/> Vinyl chloride |

Others, please list: _____

B.

Yes	No	
		Do you have access to a fume hood? Building and room:
		Will personal protective equipment be supplied? (Check all that apply) Gloves Lab coat Safety glasses Mask Other, please list:
		Do you know what a Safety Data Sheet (SDS) is?
		Are SDSs available to your laboratory workers?
		Do you collect all your chemical waste for disposal through the Department of Environmental Health and Safety? If No, please explain:

C. Briefly explain emergency procedures for personal exposure to chemical agents.

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D. Animals

Yes	No	
		Does the project involve animals?
		Will animals be exposed to biological agents? If yes, please complete Section 4 .

E. Complete Section 5.

Section 3 Radioisotopes

A.

Radioisotopes (check all that apply)	Waste Streams (check all that apply)
<input type="checkbox"/> H ³	<input type="checkbox"/> Dry waste
<input type="checkbox"/> C ¹⁴	<input type="checkbox"/> Liquid waste
<input type="checkbox"/> P ³²	<input type="checkbox"/> Animal carcasses
<input type="checkbox"/> S ³⁵	<input type="checkbox"/> Scintillation vials
<input type="checkbox"/> I ¹²⁵	<input type="checkbox"/> Sink Disposal
<input type="checkbox"/> Other: _____	

B.

Yes	No	
		Are you currently licensed to use radioactive material?
		Will this grant require an amendment to your existing license?
		Do all employees working with radiation have current dosimeters (film badges)?
		Are periodic wipe tests performed?
		Will personal protective equipment be supplied? (Check all that apply) Gloves Lab coat Safety glasses Mask Other, please list:
		Which of the following will be used? (Check all that apply) <input type="checkbox"/> Fume hood <input type="checkbox"/> Biosafety Cabinet <input type="checkbox"/> Plexi Glass <input type="checkbox"/> Lead Shielding Other: _____
		Will a thyroid scan be performed?

C. Briefly explain emergency procedures for personal exposure to chemical agents.

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D. Animals

Yes	No	
		Does the project involve animals?
		Will animals be exposed to radioisotopes? If yes, please complete Section 4 .

E. Complete Section 5.

Section 4 Animals

A. Please describe the animal handling and isolation procedures.

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B.

Yes	No	
		Will hazardous agents be excreted by animals?
		Is the excreted material harmful to humans?
		Have you provided the Animal Institute and EH&S with all the appropriate information?
		Are cages properly labeled?

Section 5 Worker Training

Indicate all Health and Safety Training that has been attended.

Additional Employee Names	BBP	HC	RAD	RAD RFRSH

BBP = Bloodborne Pathogen (annual)

HC = Hazard Communication (initial or when procedures change)

RAD = Radiation (initial)

RAD RFRSH = Radiation Refresher Training (annual)

If employees have not been to Health and Safety training, please check our website: www.einsteinmed.org/ehs for the new training dates under "Einstein Safety Training."

By signing below, I certify that I have read the following statements and agree that I, and all listed participants, will abide by those statements and all Einstein policies and procedures governing the use of all hazards in the laboratory, as outlined in this application. I will:

- Accept responsibility for maintaining a safe working environment, for training all personnel for specific lab procedures and informing them of the hazards associated with lab protocols before any work begins on the project and, at least annually thereafter, or if there are any changes in the protocol.
- Accept responsibility to attend, with staff, institutional health and safety training programs.
- Accept responsibility for all personnel who have occupational exposure to bloodborne pathogens to attend annual bloodborne pathogen training sessions conducted by EH&S.

Signature: _____
Principal Investigator

Date: _____

Signature: _____ Date: _____
Environmental Health & Safety

Signature: _____ Date: _____
Animal Institute

If you have any questions filling out this form, please contact Delia Vieira-Cruz at extension 3560 or by e-mail at: delia.vieira-cruz@einsteinmed.edu.