

Health and Safety Evaluation Form

For Research Involving All Hazards

						H&S Use On ol Number:		
		Pı	rincipal I	nvestiga	tor			
Name:								
Last			First			MI		
Department:		E-Mai	l:					
Building/Room:		Phone: _				FAX:	 	
Additional Locations:								
		Me	mbers of	Labora	tory			
	Please o	heck the a	ppropriate	e hazard	for each e	nployee.		
Name	Job Title	Bio.	Chem.	Rad.	Con. Sub.	ВВР	Use Only ing Dates RAD	RAD Refresher
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 Title of Research Proje Location of Experimen Does your protocol hav Yes No B 	ct:t: ve: iological Agents	– If Yes, c	complete S	Buildin	g and Roo	m		
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Section 1 Biological Information

Treatment of the procedures and the biological implications of the agents listed above. Attached additional sheets if equired. Yes		nt(s) and/or Microb	ial Toxin(s)	Biosafety Level* (1, 2, or 3)
Ariefly describe the procedures and the biological implications of the agents listed above. Attached additional sheets if equired. 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 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? Briefly explain emergency procedures for personal exposure to biological agents. Animals Yes No Does the project involve animals? Will animals be exposed to biological agents? If yes, please complete Section 4. Complete Section 5. Section 2 Hazardous Chemicals, Carcinogens, Controlled Substances Please check all that apply. Ipha-Naphthylamine Benzidine Benzidine 2-Acetylaminofluorene Benzidine 2-Acetylaminofluorene Benzidine 4-Dimethylaminozobenzen rsenic, inorganic compound b-Naphthylamine Benzidine 4-Dimethylaminozobenzen Ficric Acid Picric Acid N-nitrosodimethylamine Benzene Bis-Chloromethyl ether Perchloric Acid				
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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:							

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U.	Brieffy explain emergence	v procedures for person	nal exposure to chemical a	gents.

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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	Radioisotor	es

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r	١.	

Radioisotopes (check all that apply)	Waste Streams (check all that apply)		
$_{}$ H^3	Dry waste		
C^{14}	Liquid waste		
P^{32}	Animal carcasses		
\mathbb{Z}^{35}	Scintillation vials		
I^{125}	Sink Disposal		
Other:			

В

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)
		Fume hood Biosafety Cabinet Plexi Glass Lead Shielding
		Other:
		Will a thyroid scan be performed?

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

		· ·
		· ·

D. Animals

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

Е.	Complete Section 5.
A.	Section 4 Animals Please describe the animal handling and isolation procedures.
В.	

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	НС	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:	Environmental Health & Safety	Date:	
Signature:	Animal Institute	Date:	

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