

# University of Wisconsin-Madison Laboratory Chemical Hygiene Plan

**For**

[Insert name of research group for which the plan is applicable]

## **Certification and Annual Review and Updates**

By signing and dating here, the Laboratory Chemical Hygiene Officer and Principal Investigator certify that this Laboratory-Specific Chemical Hygiene Documentation is accurate and that it effectively provides for the chemical safety of employees and students in this laboratory.

Principal Investigator:

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Signature

Printed Name

Date

Laboratory Chemical Hygiene Officer (if other than PI):

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Signature

Printed Name

Date

By signing and dating here, the Laboratory Chemical Hygiene Officer certifies that the required annual review (and update, if needed) of the Laboratory-Specific Chemical Hygiene Documentation has been completed, and that this document continues to be accurate and to effectively provide for the chemical safety of employees in this laboratory.

Reviewed by:

Review Date:

Reviewed by:

Review Date:

Reviewed by:

Review Date:

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## Section 1: Personnel

### 1.1 Safety Personnel

List the names of key safety personnel. In addition to indicating the individual in charge of the laboratory (i.e. the P.I. or lab manager) and the Laboratory Chemical Hygiene Officer the names of key staff such as building manager or other important individuals should be included.

| Name              | Position   | Phone    |
|-------------------|--|----------|
|                   | Principal Investigator   |          |
| Jeffrey Zebrowski | University Chemical Hygiene Officer  | 890-0993 |
| UWPD Dispatch     | Emergency  | 911      |
| UWPD Dispatch     | Non-Emergency (Note: UWPD has access to EH&S pager for off-hour situations.) | 264-2677 |
|                   |  |          |
|                   |  |          |
|                   |  |          |
|                   |  |          |

### 1.2 Laboratory Staff/Students

List all individuals who work with hazardous chemicals in the labs and are therefore subject to this plan.

| Name | Name | Name |
|------|------|------|
|      |      |      |
|      |      |      |
|      |      |      |
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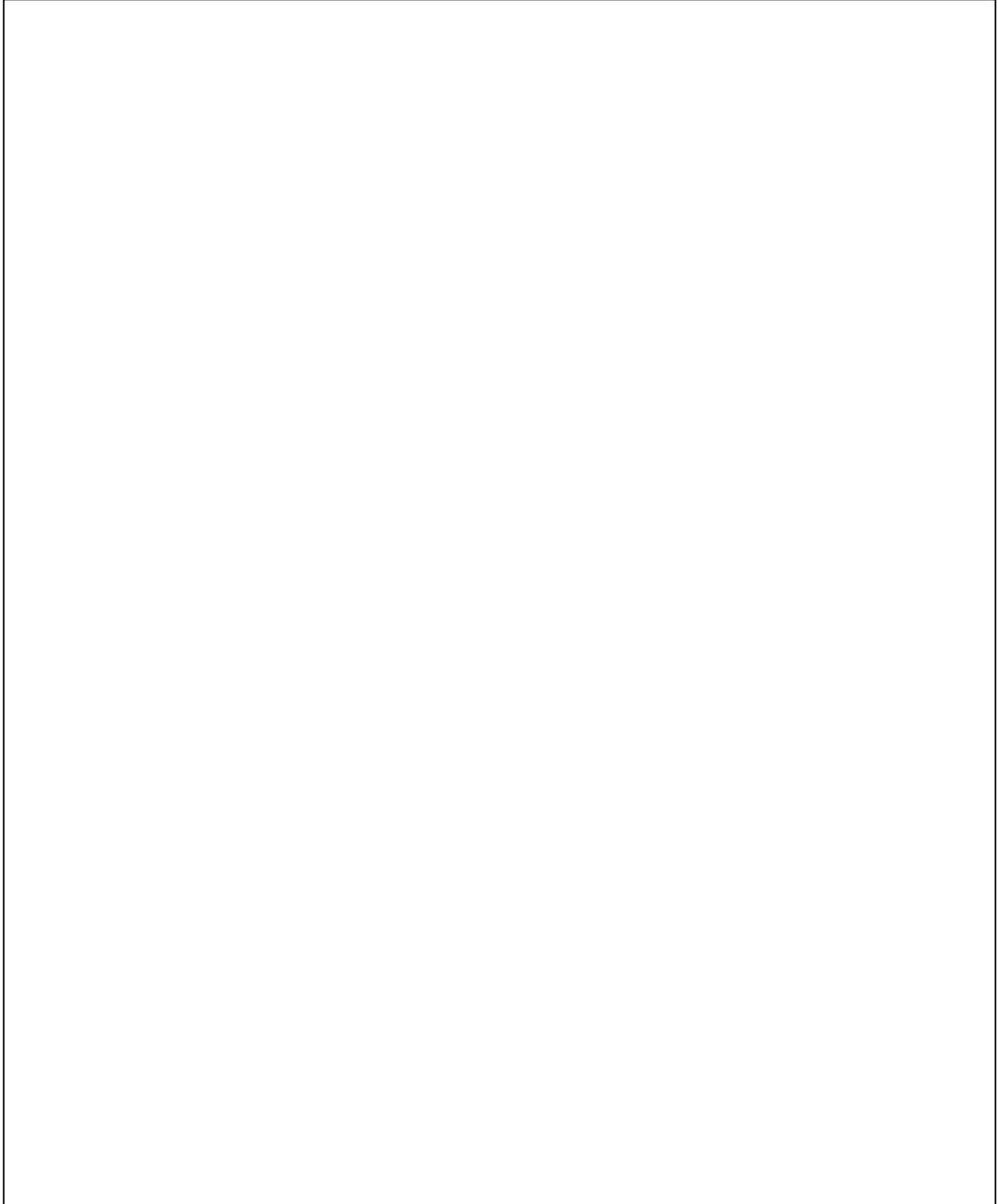
## Section 2: Laboratory Room Locations

List all rooms in which use of hazardous chemicals will occur:

| Building | Rooms | Room Assigned to the PI (Y/N) | Shared Facility (Y/N) |
|----------|-------|-------------------------------|-----------------------|
|          |       |                               |                       |
|          |       |                               |                       |
|          |       |                               |                       |
|          |       |                               |                       |
|          |       |                               |                       |

### **Section 3: Laboratory-Specific Policies**

*Include below all laboratory-specific policies instituted by the Principal Investigator (e.g., lab coats must be worn in the lab at all time, no working alone, etc.). This space provides the opportunity to place in one location and document the lab's safety policies related to the use of hazardous chemicals.*

A large, empty rectangular box with a thin black border, intended for the user to write and document laboratory-specific safety policies. The box occupies most of the lower half of the page.

**Section 4: Laboratory SOPs – Procedure Form**

Title:

Rev. Date:

Prepared By:

P.I.:

**Prior Approval:** This procedure is considered hazardous enough that prior approval is needed from the Principal Investigator:  Y  N

**Involves Use of Particularly Hazardous Substance (PHS)?**  Y  N

Carcinogen  Reproductive Toxin  High Acute Toxicity

Does this procedure require medical surveillance?  Y  N

Does this require use of a fit-tested respirator?  Y  N

**Brief Description of Procedure** (*100 words or less*):

**Location:** *List the locations (buildings/rooms) where this procedure may be performed. For use of a PHS indicate a more precise location within the room, if appropriate, as the designated area.*

**Chemicals Involved:**

| Chemical | Physical or Health Hazard (e.g., carcinogen, corrosive) |
|----------|---|
|          |   |
|          |   |
|          |   |
|          |   |

**Other Hazards:** *Include other hazards, other than chemical, that may be present during operation of the procedure.*

**Exposure Controls:** (*check all that apply*)

**PPE:**  Safety Glasses  Face shield  Chemical Splash Goggles

Chemical apron  Gloves (type): \_\_\_\_\_

Lab coat  Respirator (type): \_\_\_\_\_

Other

**Engineering Control:**

Fume hood  Biosafety cabinet  Glove box  Vented gas cabinet

Other (*include controls as pressure relief valves, intrinsically safe hot plates, auto shut-offs*):

**Administrative Controls:** *List any specific work practices needed to perform this procedure (e.g., cannot be performed alone, must notify other staff members before beginning, etc.).*

**Task Hazard Control Table:** *For procedures involving numerous steps it may be convenient to indicate specific requirements for individual tasks in the table below:*

| Task | Required PPE and/or Engineering Controls |
|------|--|
|      |  |
|      |  |
|      |  |
|      |  |

**Waste Disposal:** *Describe any chemical waste generated and the disposal method used.*

**Accidental Spills:** *Describe procedure for handling small chemical spills that may occur during this procedure. Note that for large spills it may be appropriate to call 911.*

**Decontamination Procedures (required for PHS use):** *Describe the procedure for decontamination of personnel and equipment.*

**Training:** *Describe any training needed prior to performing this procedure. Include training performed in-lab and any required demonstrations of competency.*

**Principal Investigator Approval:** I have reviewed this procedure and approved it for use. Note: Modifications to the procedure may require update to this form.

Name

Signature

Date



### Section 5: Orientation Checklist:

A checklist for all laboratory personnel listed in Section 1 must be filled out.

**As part of my orientation with the laboratory operation I have read and am familiar with the contents (and location) of:**

- |  |  |
|--|--|
| <input type="checkbox"/> The OSHA Laboratory Standard                  | <input type="checkbox"/> The UW-Madison Campus CHP |
| <input type="checkbox"/> The UW-Madison <i>Laboratory Safety Guide</i> | <input type="checkbox"/> The Laboratory CHP        |
| <input type="checkbox"/> SDSs for lab chemicals                        |  |

**I have been instructed on:**

- |  |   |
|--|---|
| <input type="checkbox"/> The chemical hazards in the lab   | <input type="checkbox"/> Laboratory-specific policies |
| <input type="checkbox"/> The relevant exposure limits [PELs (OSHA), TLVs (ACGIH), etc.]                          |   |
| <input type="checkbox"/> The signs and symptoms associated with exposures to hazardous chemicals used in the lab |   |
| <input type="checkbox"/> The physical hazards of the laboratory (heat, electrical, mechanical, etc.)             |   |

**Reviewed the laboratories emergency procedures, including:**

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency phone numbers                        | <input type="checkbox"/> Procedures for uncontrolled releases |
| <input type="checkbox"/> Evacuation routes                              | <input type="checkbox"/> Safety equipment failure procedures  |
| <input type="checkbox"/> Review location and use of chemical spill kits |   |
| <input type="checkbox"/> Laboratory exhaust failure procedure           |   |

The location of emergency equipment:

- |   |   |
|---|---|
| <input type="checkbox"/> Fire extinguishers | <input type="checkbox"/> Eye wash stations  |
| <input type="checkbox"/> Safety showers     | <input type="checkbox"/> First-aid supplies |

**I have been made familiar with routine operations of the laboratory, including:**

- |  |  |
|--|--|
| <input type="checkbox"/> Lab cleaning and maintenance rules    | <input type="checkbox"/> Waste handling procedures             |
| <input type="checkbox"/> Proper use of PPE                     | <input type="checkbox"/> Chemical procurement practices        |
| <input type="checkbox"/> Chemical storage policies for the lab | <input type="checkbox"/> The proper use of chemical fume hoods |

**In addition, I have been made familiar with the following lab-specific health and safety features and safety resources:**

|                          |                      |                          |                      |
|--------------------------|----------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |

**I have completed orientation of all the above items**

Name:

Date:

Signature:

PI (or Lab CHO) Signature:











## Section 8: SDSs and Inventory of Hazardous Chemicals

*A number of regulations require that Safety Data Sheets (SDSs) be maintained and readily accessible for all hazardous chemicals. The Campus Chemical Hygiene Plan also requires that inventories be maintained for a certain categories of hazardous chemicals above specified amounts (see Section 6.3 of the Campus CHP). Provide a description of where the SDSs are stored and how inventory records are maintained.*

### Safety Data Sheets

Location of SDSs:

Format of SDS (electronic, hard copy, etc):

### Chemical Inventory

Method of Maintaining Inventory:

Location of Inventory Records:

## Section 9: Exposure Monitoring Records

*In rare instances it may be necessary to perform personnel exposure monitoring when working with a hazardous chemical. This can occur when chemical exposure levels approach or exceed the Permissible Exposure Limit (PEL) of OSHA and the Threshold Limit Value (TLV) of ACGIH (see Section 12 and Appendix A of the Campus CHP for details). Initial monitoring is required if there is reason to believe that the action level (or PEL if there is no applicable action level) for a substance is routinely exceeded. If the initial monitoring discloses employee exposure over the action level or PEL an exposure monitoring program may be initiated. Employees must be notified of the results within 15 working day after the receipt of the results by posting in an accessible location.*

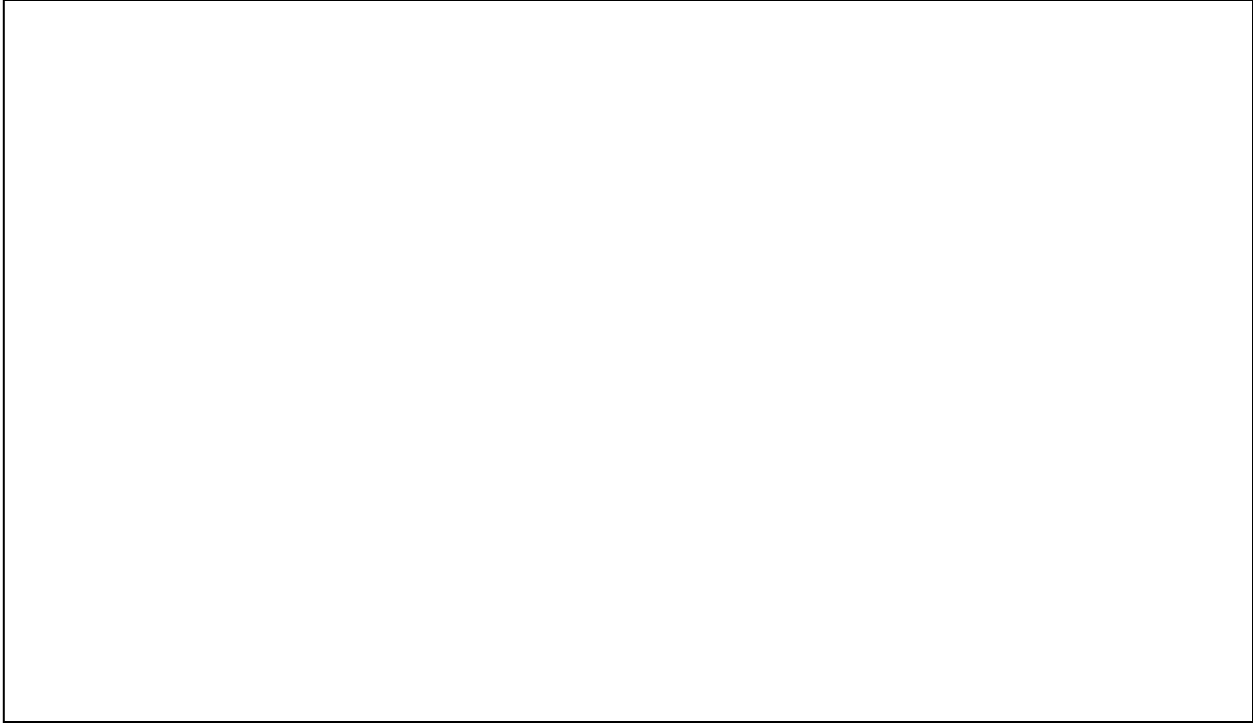
**Describe any exposure monitoring requirements for laboratory operations:**

**Location of Exposure Monitoring Records:**

### **Section 10: References**

*This section can be used to include chemical or laboratory safety information relevant to the operations of the laboratory. The references can either be appended to the end of this section or references can be cited below.*

#### **References:**

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