University of Southern Mississippi

Laboratory Management Plan

**Department:**

**PI/Supervisor:**

**Building: Room:**

**Certification, Annual Review and Updates**

By signing and dating here, the Department Safety Coordinator and Principal Investigator/Lab Coordinator certify that this Laboratory Management Plan is accurate and provides sufficient safety information for employees and students in this laboratory.

Principal Investigator or Lab Coordinator:

Signature                       Printed Name                            Date

Department Safety Coordinator:

Signature                       Printed Name                            Date

**Table of Contents**

Section I. Personnel

* 1. Safety Personnel
  2. Laboratory Staff and Students

Section II. Locations

Section III. Laboratory Policies

Section IV. Standard Operating Procedures and Tasks

1. SOP Procedure Form
2. Routine Tasks Laboratory tasks

Section V. Initial Safety Training

Section VI. Laboratory Safety Training Records

1. Training Index
2. Laboratory Personnel Training Documentation

Section VII. SOP Training and Approval

Section VIII. ChemTracker Inventory System

Section IX. Exposure Monitoring Records

Section X. References

**Section I. Personnel**

**a. Safety Personnel**

*List the names of safety personnel. Include PI, Department Safety Coordinator and any other safety personnel.*

|  |  |  |
| --- | --- | --- |
| Name | Title | Phone number |
|  | Principle Investigator |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Department Safety Coordinator |  |
|  | EHS | 6-4045/6-4897 |
|  | Fire Safety | 6-5748 |
|  | Police (non-emergency) | 6-4986 |

**b. Laboratory Staff/Students**

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

|  |  |  |
| --- | --- | --- |
| Name | Role | Phone number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section II. Laboratory Room Locations**

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

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

**Section III. PI Designated Laboratory Safety Policies**

*Use the space below to document laboratory-specific policies required for* this lab:

**Section IV. Laboratory SOPs and Tasks**

**a. SOP Procedure Form**

**Title:**  **Date:**

**P.I./Author:**

**PI approval required:  Yes  No**

**Primary Hazard Class:** Chemical  Biological  Radiological

Other

**Particularly Hazardous Substance: (yes/no)**

Carcinogen  Reproductive Toxin  High Acute Toxicity

**Brief Description of Procedure:**

**Location where procedure can be performed:**

**Hazardous Materials Involved: (chemical, biological, isotope, etc,..)**

|  |  |
| --- | --- |
| Material | Hazard (carcinogen, corrosive, exposure) |
|  |  |
|  |  |
|  |  |
|  |  |

**Other Hazards:** (Important physical hazards other than those listed above)*.*

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

**PPE:**

Safety Glasses  Face shield  Chemical Splash Goggles

Chemical apron  Gloves (type):

Lab coat  Respirator (type):

Other:

**Engineering Controls:**

Fume hood  Biosafety cabinet  Glove box  Vented gas cabinet

Shielding (Type):

Other (*ex. Safety controls such as pressure relief valves or auto shut-offs*):

**Administrative Controls:** *(cannot be performed alone, must notify safety officer before beginning, etc.).*

**Waste Disposal:** *(hazardous waste generated and the disposal method used.)*

**Accident Procedures:** *(procedure for handling small spills or exposure and decontamination)*

**Pre-requisite Training:** (*training needed prior to performing this procedure)*

**Principal Investigator Approval:** I have reviewed and approved this SOP

Name Signature Date

**b. Routine Laboratory Tasks**

**Prepared By:** **Date:**

*Use this table to describe safety requirements for miscellaneous routine tasks performed in a laboratory.*

|  |  |  |
| --- | --- | --- |
| **Task** | **Hazard** | **Required PPE and Engineering Controls** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section V. Initial Safety Training**

*Mandatory for all laboratory personnel.*

**I have read and am familiar with the contents (and location) of:**

The OSHA Laboratory Standard

The USM Safety Policies

The Laboratory Management Plan

**I have been instructed on:**

The chemical hazards in the lab

Laboratory-specific policies

Log in and SDS access through the ChemTracker inventory system

The physical hazards of the laboratory (heat, electrical, mechanical, etc.)

**I have reviewed all laboratory emergency procedures, including:**

Emergency phone numbers  Review location and use of chemical spill kits

Evacuation routes  Safety equipment failure procedures

Procedures for spill response

The location of emergency equipment:

Fire extinguishers  Eye wash stations

Safety showers  First-aid supplies

**I have been trained on the following operations of the laboratory:**

Lab cleaning and maintenance operations  Waste handling procedures

PPE use   Chemical procurement

Chemical storage practices in the lab  The proper use of chemical fume hoods

**I have been trained on the following lab-specific safety issues:**



**I have completed initial safety training for all the above**

Name: Date:

Signature:

PI (or Lab Coordinator) Signature:

**Section VI. Laboratory Safety Training Records**

**a. Laboratory Safety Training Index**

*List of required training for the laboratory. Training will be dependent on personnel work assignments.*

|  |  |
| --- | --- |
| **Training Title** | **Description/Purpose** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**b. Laboratory Personnel Training Documentation**

**Training Title:**

**Training Performed by:**

**Description:**

| **Name (print)** | **Signature** | **Date** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section VII. SOP training and Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Approved Individual** | **SOP** | **PI**  **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section VIII. Chemical Inventory and BioRaft/ChemTracker**

The Chemical inventory for the University is maintained through the BioRaft ChemTracker database.

Chemical information and SDS sheets can be accessed through the system. ChemTracker can be accessed at <https://usm.bioraft.com/> Users need to log in using their USM ID numbers and password.

It is a recommended to bookmark the login page for quick access.

BioRaft is in the process of creating a Chem Search feature for the main menu, but until that is online users can search entire USM inventory by logging in using alternate access method. The login uses the following email account: [USMbioraft@gmail.com](mailto:USMbioraft@gmail.com) and the password is usmchemsearch (all one word/small case).

Modify access accounts are approved by the PI for each lab. This type of account allows labs to add specific locations and delete from their own inventory.

All chemical purchases must be shipped to the Fisher Store Room (100 Charles Lane Drive) for entry into ChemTracker.

When chemicals are depleted retain the barcode and submit to your department safety officer or EHS for deletion. Labs with modify access can delete chemicals themselves.

**Section IX. Exposure Monitoring Records**

From the OSHA Laboratory Chemical Hygiene Plan fact sheet:

“Whenever an event takes place in the work area such as a spill, leak, explosion or other occurrence resulting in the likelihood of a hazardous exposure, the affected worker(s) must be provided an opportunity for a medical consultation to determine the need for a medical examination.”

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

**Location of Exposure Monitoring Records:**

**Section X. References**

*Include any additional chemical or laboratory safety information relevant to the operations of the laboratory in this section.*

**References:**