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

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**Section I. Personnel**

**a. Safety Personnel**

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

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| --- | --- | --- |
| Name | Title | Phone number |
|  | Principle Investigator |  |
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|  | 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.*

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| Name | Role | Phone number |
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**Section II. Laboratory Room Locations**

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

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

1.
2.
3.

**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** |
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**b. Laboratory Personnel Training Documentation**

**Training Title:**

**Training Performed by:**

**Description:**

| **Name (print)** | **Signature** | **Date** |
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**Section VII. SOP training and Approval**

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| --- | --- | --- | --- |
| **Name of Approved Individual** | **SOP** | **PI** **Signature** | **Date**  |
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**Section VIII. Chemical Inventory and ChemTracker**

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

Chemical information and SDS sheets can be accessed through the system. ChemTracker can be accessed at <https://usm.chemtracker.org/?state=login>

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

For common read only access use username 444444 and password costdepts

Modify access accounts are available from EHS. 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:**