

LAB SAFETY PROGRAM

Year:



Lab / Infrastructure Details:

PI		Lab manager / eng.		EHS officer		Faculty safety trustee	
Office phone		Office phone		Office phone		Office phone	
Cellular		Cellular		Cellular		Cellular	
	Bldg.		Floor		Rm.		
No. of graduates & employees:							



Employees & graduates details:

Employee/graduate name	Status	Type of training**	Occupational hygiene examinations	Date	Occupational hygiene examination date	Vaccinations	Date of vaccination
	Pick from list	<input type="checkbox"/> General <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Fire extinguishing <input type="checkbox"/> Compressed gasses <input type="checkbox"/> Workshops <input type="checkbox"/> Electricity <input type="checkbox"/> Cryogenics <input type="checkbox"/> X-ray <input type="checkbox"/> Lasers <input type="checkbox"/> Radioactive <input type="checkbox"/> On-the-Bench <input type="checkbox"/> Blood-borne pathogens	<input type="checkbox"/> Ionizing radiation <input type="checkbox"/> Noise <input type="checkbox"/> Mercury <input type="checkbox"/> Arsenic <input type="checkbox"/> Lead	Insert date Insert date Insert date Insert date Insert date Insert date	Insert date Insert date Insert date Insert date Insert date	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Polio <input type="checkbox"/> Tetanus <input type="checkbox"/> Rabies <input type="checkbox"/> Other: ____	Insert date Insert date Insert date Insert date Insert date

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**Personal protective equipment:**

Type of equipment		Comments
Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Long lab coat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Closed-toed shoes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Goggles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete face shield	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laser goggles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laser calibration goggles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respirator	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cryogenic apron	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plexiglass shield for open radioactive sources	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spill kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local venting posts (isoflurane)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eyewasher station	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diphoterine & calcium gluconate (HF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Hazardous agents in the lab:

Hazardous agent	GHS classification		Examples	Comments
Explosives	1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ammonium nitrate (NH ₄ NO ₃), Diazodinitrophenol (C ₆ H ₂ N ₄ O ₅), Nitroguanidine (CH ₄ N ₄ O ₂)	
Flammable gasses	2.1	<input type="checkbox"/> Yes <input type="checkbox"/> No	LPG, Acetylene (C ₂ H ₂), Hydrogen (H ₂), Carbon monoxide (CO), Ethane (C ₂ H ₆), Diborane (B ₂ H ₆), Arsenic (AsH ₃), Ethylene (C ₂ H ₄), Phosphene (PH ₃)	Oxygen – supports combustion
Inert gasses	2.2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Helium (He), Nitrogen (N ₂), Argon (Ar), Compressed air, Carbon dioxide (CO ₂), Liquid nitrogen (LN ₂)	Non-toxic, non-flammable
Toxic gasses	2.3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bromine (Br), Ammonia (NH ₃), Arsenic (AsH ₃), Chlorine (Cl ₂), Diborane (B ₂ H ₆)	
Flammable liquids	3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acetone (C ₃ H ₆ O), Benzene (C ₆ H ₆), Xylene (C ₈ H ₁₀), Diethyl ether (C ₄ H ₁₀ O)	Ignition > 60.5°
Combustible solids / exothermic reaction	4.1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Potassium Magnesium (Mg), Sodium metal, metal	
Pyrophorics (ignite spontaneously)	4.2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Butyl lithium (C ₄ H ₉ Li), Nicker tetracarbonyl (Ni(CO) ₄), Arsenic (AsH ₃), Aluminum powder, Phosphene (PH ₃), Zinc powder, Metals: Hydrides, alkali metals	
Dangerous in contact with water	4.3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Metal potassium, Metal sodium, Chlorosilane (SiCl ₄), Aluminum chloride (AlCl ₃), Sulfuric acid (H ₂ SO ₄)	Exothermic reaction
Oxidizers	5.1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrogen peroxide (H ₂ O ₂), Ammonium nitrate (NH ₄ NO ₃), perchloric acid (HClO ₄), Nitric acid (HNO ₃), Sulfuric acid (H ₂ SO ₄)	Nitric acid > 80%
Organoperoxidizers	5.2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cyclohexane (C ₆ H ₁₀), Isopropyl ether (C ₆ H ₁₄ O), Tetrafluoroethylene (C ₂ F ₄)	
Analgesia agents			Isoflurane, Nitrous oxide	
Toxins	6.1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sodium cyanide (NaCN), Formaldehyde (CH ₂ O), Phenol (C ₆ H ₅ OH), Methyl isocyanate, Nickel carbonyl (Ni(CO) ₄)	
Cytotoxic	6	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cisplatin, Doxorubicin, Methotrexate, Streptozotocin	
Radioactive	7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	S ³⁵ , H ³ , C ¹⁴ , P ³²	
חומצה ניטרית > 80%	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	, (C ₃ H ₄ N ₂) אימידוזול (HF), חומצה הידרופלואורית (NaOH), נתרן הידרוקסיד (HNO ₃), חומצה ניטרית (חנקנית), (HCl), כלוריד, חומצה גופרתית (H ₂ SO ₄)	קורוזיביים

**Biological hazardous agents:**

Hazardous agent	Classification (filled out by the biosafety officer)		Examples	Comments
Pathogenic bacteria		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>E. coli, Staphylococcus aureus, Micobacterium tuberculosis</i>	
Viruses		<input type="checkbox"/> Yes <input type="checkbox"/> No	Adeno Associated virus Adenovirus, Lentivirus, Recombinant rabies virus, Influnza, HIV, RSV, SARS-CoV-2	
Fungi		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Aspergillus, Candida albicans</i>	
Toxins		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Tetrodotoxin (TTX) Clostridium botulinum, Pertussis, shigella, Staphylococcal enterotoxin B (SEB)</i>	
Amaeobas / Worms		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>C. elegance</i>	
Animals		<input type="checkbox"/> Yes <input type="checkbox"/> No	חולדות, עכברים, ארנבות, חזירים, דגים (<i>Zebrafish</i>)	

**Additional risks:**

Risks		Comments
X-ray-emitting device	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laser system	<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose from list
UV radiation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chemical fume hood	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Biosafety cabinet (BSC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Microtome	<input type="checkbox"/> Yes <input type="checkbox"/> No	
"Live" electricity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High-voltage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
UPS room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mechanical workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lifting devices + accessories	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Air / steam compressor	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date: _____

PI's name: _____

PI's signature: _____