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**Laboratory Specific Safety Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Building:** | Click or tap here to enter text. | **Room:** | Click or tap here to enter text. |
| **Primary Purpose of Lab:** | Click or tap here to enter text. |
| **Primary Investigator/Manager:** | Click or tap here to enter text. |

**EMERGENCY CONTACTS**

 ISU Public Safety (208) 282-2515

 Fire/Ambulance 911

 Environmental Health & Safety (208) 282-2310

|  |  |  |
| --- | --- | --- |
| ***Lab Contact*** | ***Role*** | ***Primary/Alternate Phone*** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**SIGNIFICANT HAZARDS PRESENT**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Hazard*** | ***Present*** | ***Not Present*** | ***Comments*** |
| Radioactive Material |[ ] [ ]  Click or tap here to enter text. |
| Biohazardous Material |[ ] [ ]  Click or tap here to enter text. |
| Water/Air Reactive Material |[ ] [ ]  Click or tap here to enter text. |
| Flammable Liquids > 5 Gallons |[ ] [ ]  Click or tap here to enter text. |
| Strong Acids/Base(s) |[ ] [ ]  Click or tap here to enter text. |
| Strong Oxidizing Agent(s) |[ ] [ ]  Click or tap here to enter text. |
| Poison Inhalation Hazard(s) |[ ] [ ]  Click or tap here to enter text. |
| Particularly Hazardous Substance(s) |[ ] [ ]  Click or tap here to enter text. |
| Compressed Gas Cylinder(s) |[ ] [ ]  Click or tap here to enter text. |
| Cryogenic Material |[ ] [ ]  Click or tap here to enter text. |

**EMERGENCY EQUIPMENT**

|  |  |
| --- | --- |
| **Emergency Equipment** | **Location** |
| Eyewash | Click or tap here to enter text. |
| Safety Shower | Click or tap here to enter text. |
| Fire Extinguisher(s) | Click or tap here to enter text. |
| First Aid Kit | Click or tap here to enter text. |
| Spill Response Equipment | Click or tap here to enter text. |

**PERSONAL PROTECTIVE EQUIPMENT & LAB ATTIRE REQUIREMENTS\***

|  |  |
| --- | --- |
| **Personal Protective Equipment** | **Lab Specific Requirement** |
| Safety Glasses | Click or tap here to enter text. |
| Goggles | Click or tap here to enter text. |
| Face Shield | Click or tap here to enter text. |
| Hearing Protection | Click or tap here to enter text. |
| Gloves | Click or tap here to enter text. |
| Lab Coat | Click or tap here to enter text. |
| Long Pants | Click or tap here to enter text. |
| Closed Toe Shoes | Click or tap here to enter text. |
| Safety Toe Shoes | Click or tap here to enter text. |

\*Example requirements may include “always required in lab”, “required when handling chemicals”, “required by specific SOPs”, “not required”…

**LAB SPECIFIC CHEMICAL STORAGE PRACTICES**\*\*

\*\*List any lab specific chemical storage requirements. Examples include…

* Store flammable liquids in flammable liquid storage cabinet when not in use
* Store Nitric Acid inside a secondary containment tray
* Hazardous waste carboy is to be stored in cabinet under fume hood
* Only order 4 liter bottles of ethylene glycol; do not keep 5 gallon cans in lab
* Do not store more that two oxygen cylinders in the lab at one time

**STANDARD OPERATING PROCEDURES (SOPs)\*\*\***

\*\*\*Attach SOPs for high risk operations conducted in this laboratory. Environmental Health & Safety will provide SOPs for common lab practices that may apply to this lab. The Primary Investigator/Lab Manager should create SOPs that are not available or are specific to this lab.

* Compressed Gas Cylinders
* Cryogens and Dry Ice
* Flammable Liquids
* Fume Hoods
* Nanomaterials
* Oxidizing Agents
* Particularly Hazardous Substances
* Peroxide Forming Chemicals
* Pyrophoric Chemicals
* Strong Acids
* Strong Bases
* Transfer Containers
* Water Reactive Chemicals

**TRAINING DOCUMENTATION**

This Laboratory Specific Safety Plan has been reviewed with the following laboratory workers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Printed Name** | **Signature** | **Date Reviewed** | **Trainer** |
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