

Creighton University
Laboratory Personnel Safety Check List

Volunteer Name _____ Date _____

Department _____ Bldg. _____ Rm. # _____

Principal Investigator or Lab Supervisor _____

1. _____ Has the PI/Lab Supervisor discussed the nature of the research being conducted in the laboratory?
2. _____ Has the PI/Lab Supervisor discussed all hazardous components of the research and the known symptoms associated with exposure to said hazards?
a. _____ chemical b. _____ biological c. _____ physical
3. _____ Has the PI/Lab Supervisor identified the location of the university and/or laboratory Chemical Hygiene Plan and all Laboratory and Standard Operating Procedures for the volunteer?
4. _____ Has the PI/Lab Supervisor identified the location of Material Safety Data Sheets (MSDSs) and directed the volunteer to read the warnings on all chemicals prior to use?
5. _____ Has the volunteer reviewed the documents listed in items 3 and 4?
6. _____ Has Personal Protective Equipment required in the laboratory been discussed?
7. _____ Does the volunteer need a respirator? If yes, arrange for exposure evaluation, training and fit testing through the Department of Environmental Health and Safety at 402-546-6400.
8. _____ Have all emergency equipment locations/procedures been identified to the volunteer?
a. _____ Emergency Shower d. _____ Fire Extinguisher
b. _____ Emergency Eyewash e. _____ Spill Kit
c. _____ Fire Alarm Pull Station f. _____ Telephone 402-280-2911 or x2911
(Public Safety)
9. _____ Have waste handling procedures for each laboratory been explained for:
a. _____ solvents? d. _____ sharps/broken glass?
b. _____ acids/bases? e. _____ biohazardous material?
c. _____ radioactive material? f. _____ animal carcasses?
10. _____ Has the volunteer received appropriate safety training?
a. _____ Lab Safety b. Radiation Safety (as c. _____ Bloodborne
(annually) required) Pathogens (as required)

All laboratory personnel must: **know** the hazards
 understand the hazards
 have **skills** to execute safe practices

I certify that I have reviewed the above procedures with this volunteer.

Principal Investigator/ Lab Supervisor (print) _____

Signature _____ Date _____

I certify that the Principal Investigator/Lab Supervisor reviewed the above procedures with me and that I have reviewed the appropriate documents.

Volunteer Name (print) _____

Signature _____ Date _____

- **Return a COPY of completed form to the Risk Management Office. Retain the original for your records.**
- **This form must be completed at time of initial laboratory work and any time the scope of work (types of chemicals or other hazards) changes significantly.**