

ALBERT EINSTEIN COLLEGE of MEDICINE of YESHIVA UNIVERSITY
DEPARTMENT of ENVIRONMENTAL HEALTH and SAFETY

Health and Safety Evaluation Form

For Research Involving all Hazards

Protocol Number: _____

Date: _____

Principal Investigator

Name: _____
Last First MI

Department: _____ E-mail: _____

Building/Room: _____ Phone: _____ FAX: _____

Members of Laboratory

Please check the appropriate hazard for each employee

Name	Job Title	Bio.	Chem.	Rad.	Con. Sub.	Safety use only		
						BBP	HC	RAD
		9	9	9	9			
		9	9	9	9			
		9	9	9	9			
		9	9	9	9			
		9	9	9	9			
		9	9	9	9			

Con. Sub. = Controlled Substances

1. Title of Research Project: _____

2. Location of the experiment: _____
Building and Room

3. Does your protocol utilize:

YES	NO	
9	9	Biological agents - If yes, complete Section 1
9	9	Recombinant DNA - If yes, complete Section 1 and Document of Registration
9	9	Hazardous chemicals - If yes, complete Section 2
9	9	Radioisotopes - If yes, complete Section 3
9	9	Controlled substances - If yes, complete Section 2
9	9	Carcinogens - If yes, complete Section 2

If you indicated "Yes" for any of the above hazards, please complete the corresponding section(s).

Section 1 (Biological information)

A.	List of Infectious Agent(s) and/or Microbial Toxin(s)	Biosafety Level* (1, 2, or 3)

*(refer to CDC handbook on EH&S website or on reserve in library)

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B. Briefly describe the procedures, experiments, and the biohazard implications of the agent(s) listed above. Attach additional sheets if required.

- C. YES NO
- Does your project involve recombinant DNA? If yes, please fill out a **Document of Registration** form available with your Grant Application or from the EH&S website.
- Will a Biological Safety Cabinet be used? If no, why? _____
- Are emergency contact numbers accessible?
- Is access to the laboratory restricted? If no, why? _____
- Is there a biohazard sign on the laboratory door?
- Will personal protective equipment be supplied? **(Check all that apply)**
 Gloves Lab Coat Safety glasses Mask Other, please list _____
- Do you autoclave or chemically disinfect all infectious material before disposal?
- Are lab workers properly trained for this project?

D. Briefly explain emergency procedures for personal exposure to biological agents.

- E. YES NO
- Does the project involve animals?
- Will animals be exposed to biological agents? If yes, please complete **Section 4**.

F. Complete **Section 5**

Section 2 (Hazardous Chemicals, Carcinogens, Controlled Substances)

Please check all that apply

- A.
- | | | | |
|--------------------------|-----------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | alpha-Naphthylamine | <input type="checkbox"/> | Asbestos |
| <input type="checkbox"/> | 1,2-dibromo-3-chloropropane | <input type="checkbox"/> | Arsenic, inorganic compound |
| <input type="checkbox"/> | Acrylonitrile | <input type="checkbox"/> | Benzene |
| <input type="checkbox"/> | Ethylene oxide | <input type="checkbox"/> | Benzidine |
| <input type="checkbox"/> | Formaldehyde | <input type="checkbox"/> | Ethyleneimine |
| <input type="checkbox"/> | b-Naphthylamine | <input type="checkbox"/> | 4-Aminodiphenyl |
| <input type="checkbox"/> | Bis-Chloromethyl ether | <input type="checkbox"/> | 3,3-dichlorobenzidine |
| <input type="checkbox"/> | 2-Acetylaminofluorene | <input type="checkbox"/> | Methyl Chloromethyl ether |
| <input type="checkbox"/> | 4-Dimethylaminoazobenzene | <input type="checkbox"/> | Picric Acid |
| <input type="checkbox"/> | N-nitrosodimethylamine | <input type="checkbox"/> | Perchloric Acid |
| <input type="checkbox"/> | Vinyl chloride | <input type="checkbox"/> | Others, please list: _____ |

- B. YES NO
- Do you have access to a fume hood? Building and Room: _____
- Will personal protective equipment be supplied? **(Check all that apply)**
 Gloves Lab Coat Safety glasses Face mask Other, please list _____
- Do you know what a material safety data sheet (MSDS) is?
- Are MSDSs available to your laboratory workers?
- Do you collect all your chemical waste for disposal through the Department of Environmental Health and Safety? If no, please explain:

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C. Briefly explain emergency procedures for personal exposure to chemical agents.

D. YES NO
 Does the project involve animals?
 Will animals be exposed to hazardous agents? If yes, please complete **Section 4**.

E. Complete **Section 5**

Section 3 (Radioisotopes)

A. **RADIOISOTOPES** (Check all that apply)
 H³
 C¹⁴
 P³²
 S³⁵
 I¹²⁵
 Other, Please List _____

WASTE STREAMS (Check all that apply)
 Dry Waste
 Liquid Waste
 Animal carcasses
 Scintillation vials
 Sink Disposal

B. YES NO
 Are you currently licensed to use radioactive material?
 Will this grant require an amendment to your existing license?
 Do all employees working with radiation have current dosimeters (film badges)?
 Are periodic wipe tests performed?
 Will personal protective equipment be supplied? (**Check all that apply**)
 Gloves Lab Coat Safety glasses Face mask other, please list _____
 Which of the following will be used? (**Check all that apply**)
 Fume hood Biosafety cabinet Plexi glass Lead shielding other, please list
 Will a thyroid scan be performed?

C. Briefly explain emergency procedures for personal contamination to radioactive material.

D. YES NO
 Does the project involve animals?
 Will animals be exposed to radioisotopes? If yes, please complete **Section 4**.

E. Complete **Section 5**

Section 4 (Animals)

A. Please describe the animal handling and isolation procedures.

B. YES NO
 Will hazardous agents be excreted by animals? (If Yes, continue)
 Is the excreted material harmful to humans? (If Yes, continue)
 Have you provided the Animal Institute and EH&S with all the appropriate safety information?
 Are cages properly labeled?

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Section 5 (Worker Training)

Indicate all Health and Safety Training that has been attended.

Name of Employee	HC	BBP	TB	RAD

HC = Hazard Communication (initial or when procedures change)

BBP = Bloodborne Pathogen (annual)

TB = Tuberculosis (annual)

RAD = Radiation (initial)

If employees have not been to Health and Safety training, please contact EH&S for the next available session.

By signing below, I certify that I have read the following statements and agree that I, and all listed participants, will abide by those statements and all AECOM policies and procedures governing the use of all hazards in the laboratory, as outlined in this application. I will:

- Accept responsibility for maintaining a safe working environment, for training all personnel for specific lab procedures and informing them of the hazards associated with lab protocols before any work begins on the project and, at least annually thereafter, or if there are any changes in the protocol.
- Accept responsibility to attend, with staff, institutional health and safety training programs.
- Accept responsibility for all personnel who have occupational exposure to bloodborne pathogens to attend annual bloodborne pathogen training sessions conducted by EH&S.

Signature: _____
Principal Investigator

Date: _____

Office use only

Signature: _____
Environmental Health and Safety

Date: _____

Signature: _____
Animal Institute

Date: _____

If you have any questions filling out this form, please contact Delia Vieira-Cruz at extension 3560 or by e-mail at: Vieira@aecom.yu.edu