

ANNUAL REVIEW

<Company> ~ Vice President for Research ~ Chemical and Biological Safety Committee ~ Office of Research Safety

INVESTIGATOR INFORMATION

Principal Investigator:	Department:	
Office Address:		Mail Code:
Office Phone:	Fax:	E-Mail:
Laboratory Address*:		
Laboratory Phone(s)†:		

Note: *List the addresses for all labs in which your lab personnel work. †A phone shall be available in every lab or group of connecting labs where chemical or biological agents are used or stored to allow emergency contact with <Company> Police.

BACKGROUND AND INSTRUCTIONS

The Safety Plan in your Safety Desk Book (or similar method of safety information compilation) and on file at the Office of Research Safety (ORS) is the core safety compliance document for your research work at the <Company>. It is a certification that you understand the basic and approved safety policies and you are cognizant of your responsibilities as the supervisor of the research staff and of the facility in which the work is conducted. Please refer to the Fact Sheets included in your Safety Plan for specifics regarding OSHA and <Company> safety requirements.

The Annual Review is a reaffirmation, required by the OSHA Standards for *Occupational Exposure to Hazardous Chemicals in Laboratories* and *Bloodborne Pathogens*, that the initial information presented in the Safety Plan Form is still accurate over time. If the nature of your research work has changed drastically (new procedures or goals, addition of higher toxicity chemicals, new instruments with unique hazards, varied and extended exposures to health and physical hazards, etc.) or you have relocated to a different space, you will be required to submit a new Safety Plan Form. Also, the Chemical and Biological Safety Committee requires PIs to submit a new Safety Plan Form every 5 years.

Please note that the Safety Plan Form shall be kept current between Annual Review submissions. Whether seen by ORS or not, the Safety Plan Form shall reflect new or modified tasks and procedures which affect occupational exposure and new or revised employee positions with occupational exposure.

If you assess your Safety Plan Form and find that it remains correct and comprehensive, please verify this status below.

CERTIFICATION OF DOCUMENT ACCURACY AND CURRENCY

Principal Investigator's Agreement.

After reviewing the Safety Plan Form I submitted to ORS within the last 5 years:

- I certify that the research overview information remains reflective of the work performed in my lab(s) and that the procedures employed by my staff have not changed significantly
- I confirm that the hazards described in the Safety Plan Form remain the same and that I have evaluated and documented these hazards thoroughly
- I attest that the engineering and work practice controls outlined in the Safety Plan Form are still in practice and that the safety equipment and supplies I have provided are adequate and appropriate
- I maintain a complete and current inventory of the hazardous agents in my lab(s); containers are properly labeled and a complete collection of MSDSs and/or biosafety literature is accessible to all staff
- I understand my responsibilities as the lab manager/supervisor and I have acted in good faith to fulfill my obligations
- I agree that I have trained my staff in all the applicable safety policies and protocols enumerated in the Safety Plan Form and Fact Sheets

- If human materials are in use in the lab, I will provide annual training as dictated by the *Bloodborne Pathogens Program* and I will review the lab-specific procedures and personnel lists to confirm compliance with the plan
- I will continue to provide chemical and biological (if applicable) safety refresher training for all lab workers under my supervision, basic safety training for new employees, or special task-oriented training for new procedures.

Principal Investigator's Signature

Date

Safety Designate.

If a safety designate has been appointed in your lab, please identify below.

Safety Designate

<Company>
Address

<Company> Phone

Lab Staff Agreement And Confirmation Of Training.

I acknowledge that I have ready access to my supervising PI's Safety Plan and all related safety documents. I have read and understood the policies I am expected to follow while working in my assigned research lab and any lab in which I am a visiting worker (i.e., centers, common facilities). Should I have any questions regarding hazard identification, proper protocol for handling the hazards, or protection against these hazards, I will consult the supervising PI of the lab. I have received thorough safety training and I understand the safety expectations placed upon me.

Name

Signature

Company Address

Company Phone