

**Advisory 20.0: SPONSORED PROGRAM APPLICANT'S CHECKLIST
FOR ENVIRONMENTAL HEALTH AND SAFETY SERVICES**

The questions below will help principal investigators determine the environmental, health, and safety needs and compliance requirements of research proposals or projects. These requirements should be met before research is initiated. If you have questions, or need assistance with any of these responsibilities, please contact the Environmental Health & Safety Office at 556-4968 or for Radiation Safety (Section VIII issues) at 558-4110.

Name: _____

Department: _____

Telephone Number: _____ Bldg. & Room: _____

Project Title: _____

I. INVESTIGATOR'S FACILITIES

	Yes	No	Don't Know†
A. Have your facilities been audited for quality assurance compliance, e.g. environmental regulatory compliance?			
B. Are engineering controls in place to control releases and reduce personal risk of exposures to hazardous materials and other occupational hazards?			
C. Are any facility renovations required (HVAC, containment devices, equipment installation, etc.)? If "yes", have funds been budgeted to cover the costs?			
D. Are emergency contact telephone numbers posted on the doors of your laboratory or other work area?			
E. Are you familiar with the procedures outlined in <u>Advisory 12.2 Workers' Compensation Policy (Occupational/Work Related Injuries and Illnesses)</u> ?			

II. CHEMICALS

	Yes	No	Don't Know†
A. Will chemicals be used? If "yes", attach a list of the chemicals that you intend to use complete with CAS numbers (available on MSDS sheets).			
B. Will chemicals be used in any location other than in a laboratory?			

If "yes", where? _____
 How will the chemicals be transported to this location?

	Yes	No	Don't Know†
C. Do you have a complete chemical inventory and a Material Safety Data Sheet (MSDS) for each of these chemicals in your laboratory?			
D. Have you developed and are you following an OSHA-required Chemical Hygiene Plan [see <u>29 CFR 1910.1450</u> and <u>Advisory 6.1</u>]?			
E. Have you and the members of your group attended OSHA hazard communication training in the last 12 months?			
F. Are you in compliance with <u>Advisories 7.0-7.5</u> on the management of hazardous chemicals and chemical wastes?			
G. Are any facility renovations required (HVAC, containment devices, equipment installation, etc.)? If yes, have funds been budgeted to cover the costs?			

III. HAZARDOUS SITE MATERIALS DISPOSAL

	Yes	No	Don't Know†
A. Will sample materials from identified hazardous wastes sites be used? If "yes", all identified waste site samples and samples for treatability studies require Environmental Health & Safety review for inclusion under special permits and reporting requirements. Have funds been budgeted to cover these costs?			
B. Will sample material come from EPA National Priority List waste sites or similar locations and require special disposal? If yes, cite the estimated volume _____ and cost \$ _____ of disposal.			
C. Have funds been budgeted to cover the direct cost of disposal for this research?			

IV. BLOOD, BODY FLUIDS, TISSUES

	Yes	No	Don't Know†
A. Will animal blood, body fluids, or tissues be used? If "yes" - 1. Have human pathogens been injected? 2. Is there a potential for zoonoses?			

- B. Will human blood, body fluids, or tissues be used?
 C. Do you have and are you following an exposure control plan?

- D. Are you in compliance with Advisory 6.2, Exposure Control Plan and Advisories 10.1-10.4, concerning the management of biological and infectious wastes?
 E. Are you familiar with the procedures outlined in Advisory 12.1, Needlestick Other Percutaneous, and Mucous Membrane Exposures?
 F. Have you and the members of your group attended bloodborne pathogen training in the last 12 months?
 G. Are any facility renovations required (HVAC, containment Devices, equipment installation, etc.?)
 If "yes", have funds been budgeted to cover the costs?

	Yes	No	Don't Know†

V. RECOMBINANT DNA

- A. Will recombinant DNA be used?
 B. Do you have and are you in compliance with the NIH Guidelines for Recombinant DNA?
 C. Are any facility renovations required (HVAC, containment devices, equipment installation, etc.)?
 If "yes", have funds been budgeted to cover the costs?

	Yes	No	Don't Know†

VI. IMPORTED ANIMALS, ANIMAL & BIOLOGICAL MATERIALS

- A. Will animals, animal-derived material or biological materials be imported?
 B. Have USDA, CDC, EPA, and other required regulatory approvals or permits been obtained?
 C. Will your research utilize a "select agent" as defined by the CDC? If "yes", are you in compliance with Title 42 CFR Part 72.6 Additional Requirements for Facilities Transferring or Receiving Select Agents and the Laboratory Registration/Select Agent Transfer Program?

	Yes	No	Don't Know†

Identify the select agent(s): _____

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- D. Are any facility renovations required (HVAC, containment devices, equipment installation, etc.)?
 If "yes", have funds been budgeted to cover the costs?

VII. INFECTIOUS AGENTS

- A. Will infectious agents be used?
 If "yes", identify the agents: _____

Yes	No	Don't Know†
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B. Have you implemented Advisories 10.1-10.4 regarding the management of infectious wastes?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- C. Will any Biosafety Level 3 or 4 (BSL-3 or BSL-4) infectious agents be transported or received?
 If "yes", identify location of BSL-3 or BSL-4 facilities where work will be done: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- D. Are you in compliance with 30 CFR 627, The Biological Defense Safety Program Technical Safety Requirements?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- E. Are any facility renovations required (HVAC, containment devices, equipment installation, etc.)?
 If "yes", have funds been budgeted to cover the costs?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RADIATION SAFETY

- A. Will radioactive materials be used?
 If "yes", have you requested and received "Authorized User" status from the Radiation Safety Office? **or** will you be using the radioactive material as a radiation worker under the following "Authorized User" _____ ?

Yes	No	Don't Know†
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B. Will x-ray or other radiation generating equipment be used?
 If "yes", has the equipment been registered with the Radiation Safety Office?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C. Are any facility renovations required (HVAC, containment devices, equipment installation, etc.)?
 If "yes", have funds been budgeted to cover the costs?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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IX. HAZARD-PRODUCING EQUIPMENT / PROCESSES

	Yes	No	Don't Know†
A. Will lasers be used? If "yes" cite class of laser(s) in use now or to be used:			

	Yes	No	Don't Know†
B. Will equipment be used that generates electromagnetic frequencies (EMF), extremely low frequencies (ELF), or radio frequencies (RF)?			
C. Will cryogenic equipment* or processes be used?			
D. Are any facility renovations required (HVAC, containment devices, equipment installation, etc.)? If "yes", have funds been budgeted to cover the costs? *Identify equipment: _____			

X. ENVIRONMENTAL SAMPLING & EXPOSURE MONITORING

	Yes	No	Don't Know†
A. Will the proposed research project require environmental sampling and exposure monitoring? If "yes", does the budget for this project include the funds necessary to cover the costs of sampling and monitoring?			

XI. PERSONAL PROTECTIVE EQUIPMENT

Yes	No	Don't Know†

D. Are disposable lab coats worn when potential contaminants would be hazardous to persons handling or laundering soiled lab coats?

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E. Have funds been budgeted to cover the costs of purchasing, cleaning, and disposing of personal protective equipment?

XII. MEDICAL SURVEILLANCE

- A. Will medical surveillance be needed?
B. If medical surveillance is required, have funds been budgeted to cover the costs?

	Yes	No	Don't Know†
A. Will medical surveillance be needed?			
B. If medical surveillance is required, have funds been budgeted to cover the costs?			

† Call Environmental Health and Safety, 556-4968, or Radiation Safety (for Section VIII issues) 558-4110, when "Don't Know" is your response.

Return completed checklist with your application to the East or West Campus Office of Sponsored Programs, as appropriate, and send a copy to Environmental Health & Safety, ML 0218.

for Environmental Health and Safety