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**Integrated Safety Plan**

**ISP Self-Review, Part II**

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| **0. University Safety Policies & Programs** | **Y** | **N** |
| **0.1** Is the department aware of University safety policies and programs (GURU, EHS programs, etc)? |  |  |
| **0.2** Does the department have a process to implement new safety programs and monitor their status? |  |  |
| **0.3** Does the department have a system for identifying potential hazards and addressing them promptly? |  |  |

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| **1. Personal Protective Equipment (PPE) (EHS PPE Program)** | **Y** | **N** |
| **1.1** Are there any recognized hazards in this department (chemical, biological, radiological, machinery, electrical, lasers, working from heights, heat, cold, flying debris, falling objects, etc.) that would require the use of PPE? |  |  |
| ***If you answered “No” to question 1.1, you may skip to section 2*** |  |  |
| **1.2** Have hazard assessments been performed in order to determine PPE requirements? |  |  |
| **1.3** Are hazard assessments documented and readily available to all employees? |  |  |
| **1.4** Have employees been trained on correct use, care, donning, doffing, and limitations of PPE? |  |  |
| **1.5** Are PPE training records readily available for each employee? |  |  |

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| **2. Laboratory Safety (EHS Laboratory & Research Safety Plan)** | **Y** | **N** |
| **2.1** Does this department include any laboratories? |  |  |
| ***If you answered “No” to question 2.1, you may skip to section 3*** |  |  |
| **2.2** Has the Laboratory & Research Safety Plan (including the Unit Specific Plan) been implemented for each lab within the department? |  |  |
| **2.3** Is the outside of all laboratory doors posted with emergency contact information (Laboratory Door Posting)? |  |  |
| **2.4** Have annual inspections been completed within all labs? |  |  |

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| **3. Hazard Communication (EHS Hazard Communication Program)** | **Y** | **N** |
| **3.1** Does this department include any non-laboratory areas where chemicals are used or stored? |  |  |
| ***If you answered “No” to question 3.1, you may skip to section 4*** |  |  |
| **3.2** Have all personnel received initial Hazard Communication training? |  |  |
| **3.3** Is a record of training maintained for each individual? |  |  |
| **3.4** Has a container labeling system been implemented? |  |  |
| **3.5** Is there a current chemical inventory of hazardous materials, which is updated at least annually? |  |  |
| **3.6** Are Safety Data Sheets (SDS) available to all personnel for each hazardous substance used? |  |  |
| **3.7** Do employees know how to access SDS as needed and during an emergency? |  |  |
| **3.8** Is the Hazard Communication written compliance program readily available? |  |  |

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| **4. Biological Hazards in Non-Laboratories (EHS Bloodborne Pathogen Program)** | **Y** | **N** |
| **4.1** Do personnel working in this area have the potential to be exposed to infectious material (human blood, blood products, human bodily fluids or known and unknown biological materials)? |  |  |
| ***If you answered “No” to question 4.1, you may skip to section 5*** |  |  |
| **4.2** Do these employees receive Bloodborne Pathogen Training on an annual basis? |  |  |
| **4.3** Have these individuals been offered Hepatitis B immunizations? |  |  |
| **4.4** Are employees aware of procedures to be followed in the event of an exposure? |  |  |

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| **5. Biological Hazards in Laboratories (GURU Policy SY 24)** | **Y** | **N** |
| **5.1** Does this department include any laboratories where hazardous biological materials are used? |  |  |
| ***If you answered “No” to question 5.1, you may skip to section 6*** |  |  |
| **5.2** Are biological materials as listed in SY24 approved for use by the Institutional Biosafety Committee? |  |  |
| **5.3** Are laboratory personnel following specific handling procedures associated with the biohazards used in their work area? |  |  |
| **5.4** Are all individuals who handle these materials trained in the associated hazards? |  |  |
| **5.5** Do laboratory personnel know what to do in the event of a biohazard exposure and how to recognize symptoms of exposure? |  |  |

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| **6. Infectious Waste Management (GURU Policy SY 29)** | **Y** | **N** |
| **6.1** Does this area generate any infectious waste? |  |  |
| ***If you answered “No” to question 6.1, you may skip to section 7*** | | |
| **6.2**  Is all infectious waste properly collected and treated? |  |  |
| **6.3** Are all used sharps placed in approved sharps containers? |  |  |

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| **7. Emergency Preparedness (EHS Building Emergency Evacuation Plan Program)** | **Y** | **N** |
| **7.1** Does this department include any buildings which require emergency evacuation plans? |  |  |
| ***If you answered “No” to question 7.1, you may skip to section 8*** |  |  |
| **7.2** Have emergency evacuation plans been developed in accordance with EHS recommendations? |  |  |
| **7.3** Are building emergency coordinator and safety monitor assignments updated on a regular basis? |  |  |
| **7.4** Have all building emergency coordinators and safety monitors been trained in their evacuation responsibilities? |  |  |
| **7.5** Are all employees familiar with the content of the emergency evacuation plans? |  |  |
| **7.6** Have evacuation maps been posted within departmental facilities? |  |  |
| **7.7** If required, are mandatory evacuation exercises completed on an annual basis? |  |  |

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| **8. Electrical Safety (EHS Electrical Safety Program)** | **Y** | **N** |
| **8.1** Does this department have any employees who perform electrical work? |  |  |
| ***If you answered “No” to question 8.1, you may skip to section 9*** |  |  |
| **8.2** Have employees who perform electrical work received initial NFPA 70E training (classroom and hands-on training)? |  |  |
| **8.3** Do employees receive refresher training every three years? |  |  |
| **8.4** Are qualified employees evaluated on an annual basis? |  |  |
| **8.5** Have employees who perform electrical work been provided with appropriate PPE? |  |  |
| **8.6** Is all electrical PPE inspected on a routine basis? |  |  |
| **8.7** Is all energized work completed in accordance with the permit system? |  |  |

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| **9. Fall Protection (EHS Fall Protection Program)** | **Y** | **N** |
| **9.1** Do employees in this department work in unguarded locations 6 feet or more above lower surfaces? |  |  |
| ***If you answered “No” to questions 9.1, you may skip to section 10*** |  |  |
| **9.2** Have these employees been trained in fall protection requirements? |  |  |
| **9.3** Is fall protection equipment available and inspected prior to each use? |  |  |
| **9.4** Is a documented inspection of all fall protection equipment completed on an annual basis? |  |  |
| **10. Powered Industrial Trucks (EHS Powered Industrial Truck Program)** | **Y** | **N** |
| **10.1** Do employees in this department use powered industrial trucks? |  |  |
| ***If you answered “No” to questions 10.1, you may skip to section 11*** |  |  |
| **10.2** Are all operators trained to safely use powered industrial trucks (classroom and hands-on training)? |  |  |
| **10.3** Do all operators have their driving skills evaluated at least every three years? |  |  |
| **10.4** Are lift trucks inspected prior to use on each shift? |  |  |
| **10.5** Are lift truck pre-use inspection records kept for one year after completion? |  |  |
| **10.6** Are all lift trucks inspected by a qualified mechanic on an annual basis? |  |  |

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| **11. Aerial Lift Equipment (EHS Aerial/Scissor Lift Program)** | **Y** | **N** |
| **11.1** Do employees in this department use any form of aerial lift equipment? |  |  |
| ***If you answered “No” to question 11.1, you may skip to section 12*** |  |  |
| **11.2** Are all operators trained to safely use aerial lift equipment (classroom and hands-on training)? |  |  |
| **11.3** Do all operators have their driving skills evaluated at least every three years? |  |  |
| **11.4** Are aerial lifts inspected prior to use on each shift? |  |  |
| **11.5** Are aerial lift pre-use inspection records kept for one year after completion? |  |  |
| **11.6** Are all aerial lifts inspected by a qualified mechanic on an annual basis? |  |  |

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| **12. Machine Shop Safety (EHS Machine Shop Safety Program)** | **Y** | **N** |
| **12.1** Does this department include any machine shop areas? |  |  |
| ***If you answered “No” to question 12.1, you may skip to section 13*** |  |  |
| **12.2** Have all users received both general shop and equipment-specific safety training? |  |  |
| **12.3** Have shop monitors been designated in accordance with the program requirements? |  |  |
| **12.4** Is a documented inspection completed by the shop supervisor at least twice per year? |  |  |
| **12.5** Does all machinery or equipment have appropriate guarding in place? |  |  |
| **12.6** Is all machinery capable of being locked out of service? |  |  |

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| **13. Lockout/Tagout (GURU Policy SY35)** | **Y** | **N** |
| **13.1** Do employees in this department service or maintain equipment which could cause injury if unexpectedly energized? |  |  |
| ***If you answered “No” to question 13.1, you may skip to section 14*** |  |  |
| **13.2** Do employees receive lockout/tagout training prior to being permitted to service equipment? |  |  |
| **13.3** Have authorized employees been provided with standardized locks and tags? |  |  |
| **13.4** Have authorized employees been provided with lockout devices suitable for all equipment which they service? |  |  |
| **13.5** Are authorized employees evaluated on an annual basis? |  |  |
| **13.6** Does each piece of equipment have written procedures for isolating it from all energy sources? |  |  |
| **13.7** Are affected and other personnel given lockout/tagout awareness training? |  |  |

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| **14. Confined Spaces (EHS Confined Space Program)** | **Y** | **N** |
| **14.1** Do employees in this department enter confined spaces? |  |  |
| ***If you answered “No” to question 14.1, you may skip to section 15*** |  |  |
| **14.2** Have these employees and their supervisors received confined space training from EHS? |  |  |
| **14.3** Is the permit system outlined in Penn State’s Confined Space Program properly used? |  |  |
| **14.4** Before entry into permit required spaces, is the internal atmosphere tested with a calibrated direct-reading instrument for oxygen content, flammable gases and vapors, and potential toxic air contaminants? |  |  |
| **14.5** Are appropriate safeguards, such as attendants or physical barriers, used for manholes and street openings? |  |  |
| **14.6** Is a list available of permit-required confined space locations identifying the hazards of each location? |  |  |
| **14.7** Is all necessary safety equipment available and properly maintained (testing, monitoring, rescue and retrieval, communication, and personal protective equipment)? |  |  |
| **14.8**  Has confined space awareness training been provided to appropriate personnel? |  |  |

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| **15. Respiratory Protection (Respiratory Protection Program)** | **Y** | **N** |
| **15.1** Are there respiratory hazards present in the work environment (harmful dusts, fumes, mists, gases, smokes, sprays or vapors)? |  |  |
| ***If you answered “No” to question 15.1, you may skip to section 16*** |  |  |
| **15.2** Have you contacted EHS to determine if you or the employees in this area need to be in the Respiratory Protection Program? |  |  |
| **15.3** Do respirator users receive a medical exam prior to any respirator use or fit testing? |  |  |
| **15.4** Are respirator users fit tested on an annual basis? |  |  |
| **15.5**  Do respirator users receive training on an annual basis? |  |  |

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| **16. Asbestos Management (EHS Asbestos Management Program)** | **Y** | **N** |
| **16.1** Are employees in this department involved in any asbestos-related activities? |  |  |
| ***If you answered “No” to question 16.1, you may skip to section 17*** | | |
| **16.2** Have employees involved in abatement activities completed the asbestos training program accredited by PA Department of Labor & Industry? |  |  |
| **16.3** Do employees involved in abatement activities receive asbestos refresher training on an annual basis? |  |  |
| **16.4** Do employees involved in abatement activities participate in the medical surveillance program? |  |  |
| **16.5** Do all employees who have the potential to contact asbestos-containing materials receive annual awareness training? |  |  |

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| **17. Hearing Conservation (EHS Hearing Conservation Program)** | **Y** | **N** |
| **17.1** Are employees in this department exposed to noise levels greater than 85 decibels averaged over an eight-hour shift? |  |  |
| ***If you answered “No” to question 17.1, you may skip to section 18*** |  |  |
| **17.2** Do affected employees undergo an annual audiogram? |  |  |
| **17.3** Do employees receive hearing conversation training on an annual basis? |  |  |
| **17.4** Is adequate hearing protection available to all affected employees? |  |  |

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| **18. Hot Work (EHS Hot Work Permit Program)** | **Y** | **N** |
| **18.1** Do employees in this department complete any operations producing flame, sparks, or heat (such as welding, cutting, brazing, grinding, sawing, torch soldering, thawing frozen piping, applying roof materials, etc)? |  |  |
| ***If you answered “No” to question 18.1, you may skip to section 19*** |  |  |
| **18.2** Have areas for completing hot work been designated by the department? |  |  |
| **18.3** Is all hot work outside of designated areas completed in accordance with the permit system? |  |  |
| **18.4** Have employees been trained in usage of the hot work permit system? |  |  |
| **18.5** Is a copy of each completed permit submitted to the EHS Department? |  |  |

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| **19. Laser Safety (GURU Policy SY 17)** | **Y** | **N** |
| **19.1** Does this department have or use any Class IIIb or IV lasers? |  |  |
| ***If you answered “No” to question 19.1, you may skip to section 20*** |  |  |
| **19.2** Are all laser use areas identified by the proper signage? |  |  |
| **19.3** Have personnel using the laser been appropriately trained? |  |  |
| **19.4** Are SOPs available for operation and alignment and posted near the laser system(s)? |  |  |
| **19.5**  Do employees know what to do if exposed to lasers? |  |  |

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| **20.** **Radioactive Material Management (GURU Policy SY 14)** | **Y** | **N** |
| **20.1** Does this department have or use radioactive materials, including sealed sources in machinery or equipment? |  |  |
| ***If you answered “No” to question 20.1, you may skip to section 21*** |  |  |
| **20.2** Is the laboratory door posted for radioactive materials use? |  |  |
| **20.3** Are the records for radioactive material use, area surveys, and inventory up to date and kept by the principal investigator? |  |  |
| **20.4** Have all personnel using radioactive materials received radiation safety training from EHS? |  |  |

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| **21. X-Ray Producing Equipment (GURU Policy SY 15)** | **Y** | **N** |
| **21.1** Do employees in this department use any x-ray producing equipment? |  |  |
| ***If you answered “No” to question 21.1, you may skip to section 22*** |  |  |
| **21.2** Have written operating procedures been prepared for all x-ray producing equipment? |  |  |
| **21.3** Have all supervisors and users of x-ray producing equipment completed the required safety training provided by EHS? |  |  |
| **21.4** Have dosimeters been provided to appropriate personnel? |  |  |

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| **22. Hazardous Waste Disposal (GURU Policy SY 20)** | **Y** | **N** |
| **22.1** Does this location have or use hazardous chemicals and generate hazardous waste? |  |  |
| ***If you answered “No” to question 22.1, you may skip to section 23*** |  |  |
| **22.2** Are all individuals who generate hazardous waste trained? |  |  |
| **22.3** Are routine inspections of waste storage areas completed? |  |  |

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| **23. Shipment of Hazardous Materials (GURU Policy SY34)** | **Y** | **N** |
| **23.1** Do employees in this area ship hazardous materials, chemicals, biological materials, dry ice, dangerous goods, research samples, or diagnostic specimens off-site? |  |  |
| ***If you answered “No” to question 23.1, you can skip to section 24*** |  |  |
| **23.2** Do you contact EHS to arrange for proper shipping of these materials? |  |  |
| **23.3** If you have been approved by EHS to prepare your hazardous materials for shipment, do employees receive initial training and refresher training at least every two years and maintain required documentation of shipping /training? |  |  |

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| **24. Storage Tanks (EHS Storage Tank Management Program)** | **Y** | **N** |
| **25.1** Does this department have any non-mobile, fixed tanks greater than 55 gallons in capacity? |  |  |
| ***If you answered “No” to question 24.1, you may skip to section 25*** |  |  |
| **24.2** Have all tanks owned and operated by this department been included in an environmental emergency plan (i.e.  SPCC, PPC, EHERP)? |  |  |
| **24.3** Are employees who use this/these tank(s) trained in use and emergency procedures? |  |  |
| **24.4** Are employees conducting required inspections and documentation? |  |  |

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| **25. Pesticide Safety (Pesticide Management Program)** | **Y** | **N** |
| **25.1** Do employees in this department use, transport, mix or apply pesticides, or enter plots that have been treated with pesticides? |  |  |
| ***If you answered “No” to question 25.1, you may skip to section 26*** |  |  |
| **25.2** Have all personnel involved with pesticide plot entry, use, and application been trained? |  |  |
| **25.3** Are all pesticides applied only by certified applicators? |  |  |
| **25.3** Are inventories of materials maintained on site and updated annually? |  |  |
| **25.4** Is PPE worn and required training and medical surveillance conducted? |  |  |
| **26. Animal Care and Use (GURU Policy SY23)** | **Y** | **N** |
| **26.1** Are employees in this department directly exposed to live animals, animal bedding, or animal tissue or fluids? |  |  |
| ***If you answered “No” to question 26.1, you may skip to section 27*** |  |  |
| **26.2** Do they participate in the Occupational Health Program? |  |  |

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| **27. Ergonomics and Material Handling** | **Y** | **N** |
| **27.1** Are there any ergonomic or material handling issues within this department? |  |  |
| ***If you answered “No” to question 27.1, you may skip the following questions*** |  |  |
| **27.2** Have these issues been assessed by an EHS staff member? |  |  |
| **27.3** Has any ergonomic or back injury prevention training been provided to employees? |  |  |

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| **28. Cranes, Hoists, and Slings (EHS Crane, Hoist, and Sling Program)** | **Y** | **N** |
| **28.1** Do employees in this department operate any cranes or hoists? |  |  |
| ***If you answered “No” to question 28.1, you may skip the following questions*** |  |  |
| **28.2** Have employees who operate cranes or hoists received training (classroom and hands-on)? |  |  |
| **28.3** Are cranes and hoists visually inspected and functionally tested prior to use each day? |  |  |
| **28.4** Are documented inspections of each crane and hoist completed on both a monthly and annual basis? |  |  |
| **28.5** Are documented inspections of slings completed on an annual basis? |  |  |

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| **29. Scaffolding (EHS Scaffolding Program)** | **Y** | **N** |
| **29.1** Do employees in this department use or erect any form of scaffolding? |  |  |
| ***If you answered “No” to question 29.1, you may skip the following questions*** |  |  |
| **29.2** Is user training provided to employees who are required to work from a scaffold? |  |  |
| **29.3** Is classroom and hands-on training provided to employees who are required to erect or disassemble scaffolding? |  |  |
| **29.4** Are scaffolds inspected prior to use on each shift by a competent person? |  |  |
| **29.5** Does the department prohibit employees from erecting any scaffolding with a height more than four times its minimum base dimension? |  |  |

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| **30. Automated External Defibrillators (EHS AED Program)** | **Y** | **N** |
| **30.1** Does this department have any Automated External Defibrillators (AED)? |  |  |
| ***If you answered “No” to question 30.1, you may skip the following questions*** |  |  |
| **30.2** Has an AED work unit coordinator been designated? |  |  |
| **30.3** Have an adequate number of employees been trained in AED/CPR in accordance with EHS requirements? |  |  |
| **30.4** Do employees completed AED/CPR refresher training at the required frequency? |  |  |
| **30.5** Are all AED inspected on a monthly basis? |  |  |

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| **Comments**  **(Please include any additional information related to your responses that you feel will be helpful)** |
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**Self-Review Completed By:**

**Completion Date:**