Health and Safety Evaluation Form
For Research Involving all Hazards

Principal Investigator

Name: ____________________________________________________________________________________

Last First MI

Department: ________________________________        E-mail: _____________________________________

Building/Room: _______________________     Phone: ________________     FAX: _____________________

Members of Laboratory
Please check the appropriate hazard for each employee

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

Con. Sub. = Controlled Substances

Training Dates

<table>
<thead>
<tr>
<th>BBP</th>
<th>HC</th>
<th>RAD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Title of Research Project: ____________________________________________________________

2. Location of the experiment: __________________________________________________________

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)

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

*(refer to CDC handbook on EH&S website or on reserve in library)
B. Briefly describe the procedures, experiments, and the biohazard implications of the agent(s) listed above. Attach additional sheets if required.

C. YES NO
9 9 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.
9 9 Will a Biological Safety Cabinet be used? If no, why?
9 9 Are emergency contact numbers accessible?
9 9 Is access to the laboratory restricted? If no, why?
9 9 Is there a biohazard sign on the laboratory door?
9 9 Will personal protective equipment be supplied? (Check all that apply)
   9 Gloves 9 Lab Coat 9 Safety glasses 9 Mask 9 Other, please list ___________________
9 9 Do you autoclave or chemically disinfect all infectious material before disposal?
9 9 Are lab workers properly trained for this project?

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

E. YES NO
9 9 Does the project involve animals?
9 9 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.

9 alpha-Naphthylamine
9 1,2-dibromo-3-chloropropane
9 Acrylonitrile
9 Ethylene oxide
9 Formaldehyde
9 b-Naphthylamine
9 Bis-Chloromethyl ether
9 2-Acetylaminofluorene
9 4-Dimethylaminoazobenzene
9 N-nitrosodimethylamine
9 Vinyl chloride
9 Asbestos
9 Arsenic, inorganic compound
9 Benzene
9 Benzidine
9 Ethyleneimine
9 4-Aminodiphenyl
9 3,3-dichlorobenzidine
9 Methyl Chloromethyl ether
9 Picric Acid
9 Perchloric Acid
9 Others, please list:______________________

B. YES NO
9 9 Do you have access to a fume hood? Building and Room: ________________________________
9 9 Will personal protective equipment be supplied? (Check all that apply)
   9 Gloves 9 Lab Coat 9 Safety glasses 9 Face mask 9 Other, please list ___________________
9 9 Do you know what a material safety data sheet (MSDS) is?
9 9 Are MSDSs available to your laboratory workers?
9 9 Do you collect all your chemical waste for disposal through the Department of Environmental Health and Safety? If no, please explain:
HEALTH and SAFETY EVALUATION FORM
For Research Involving all Hazards

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

D. YES NO
9 9 Does the project involve animals?
9 9 Will animals be exposed to hazardous agents? If yes, please complete Section 4.

E. Complete Section 5

Section 3 (Radioisotopes)

A. RADIOISOTOPES
(Waste Streams)

B. YES NO
9 9 Are you currently licensed to use radioactive material?
9 9 Will this grant require an amendment to your existing license?
9 9 Do all employees working with radiation have current dosimeters (film badges)?
9 9 Will personal protective equipment be supplied? (Check all that apply)
9 9 Gloves 9 Lab Coat 9 Safety glasses 9 Face mask 9 other, please list ________________
9 9 Which of the following will be used? (Check all that apply)
9 9 Fume hood 9 Biosafety cabinet 9 Plexi glass 9 Lead shielding 9 other, please list
9 9 Will a thyroid scan be performed?

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

D. YES NO
9 9 Does the project involve animals?
9 9 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
9 9 Will hazardous agents be excreted by animals? (If Yes, continue)
9 9 Is the excreted material harmful to humans? (If Yes, continue)
9 9 Have you provided the Animal Institute and EH&S with all the appropriate safety information?
9 9 Are cages properly labeled?
HEALTH and SAFETY EVALUATION FORM
For Research Involving All Hazards

Section 5 (Worker Training)

Indicate all Health and Safety Training that has been attended.

<table>
<thead>
<tr>
<th>Name of Employee</th>
<th>HC</th>
<th>BBP</th>
<th>TB</th>
<th>RAD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________________ Date: ________________________
Principal Investigator

Office use only

Signature: ___________________________ Date: ________________________
Environmental Health and Safety

Signature: ___________________________ Date: ________________________
Animal Institute

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