University of Manitoba

# Laboratory Safety Checklist for New Lab Personnel

- **PI/Lab Supervisor should discuss the following statements/questions with the new lab personnel before they start work in the laboratory.**
- **When completed and all signatures have been obtained, this checklist should be kept as part of laboratory documentation**
- **Complete the Site-Specific Biological Safety Training as applicable, obtain signatures and keep this checklist as documented training**

**Please Print**

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| **Name:** | **Date:** |
| **Phone #:** | **Department:** |
| **Principal Investigator/Official Supervisor:** | **Building and Room #** |
| **Biosafety Permit #** | **Internal Radioisotope Permit #** |
| **X-ray Permit #** | **Laser Inventory #** |

| | Yes | N/A | |
|---|---|---|---|
| **1.** | ◯ | ◯ | PI/Supervisor has discussed the nature of the research/project being conducted in the laboratory. |
| **2.** | | | PI/Supervisor has discussed hazardous components of the research including reference to the following as applicable. |
| | ◯ | ◯ | a. Chemical |
| | ◯ | ◯ | b. Biological |
| | ◯ | ◯ | c. Physical (including temperature, electrical, lifting/ergonomic, hi/low pressure, sharps) |
| | ◯ | ◯ | d. Radioactive Materials |
| | ◯ | ◯ | e. Radiation Emitting Devices (REDs) or X-ray Equipment |
| | ◯ | ◯ | f. Lasers (refer to EHS's Laser Safety Program web page and Laser Safety Information Power Point) |
| **3.** | ◯ | ◯ | PI/Supervisor has identified the location of Material Safety Data Sheets (MSDS) and chemical inventories to the employee/student and demonstrated methods of access. |
| **4.** | ◯ | ◯ | Immunization requirements have been identified and offered if the employee will be working with/near vaccine-preventable human or animal pathogens or potentially infectious material. Contact EHS Occupational Health Coordinator (474-6438) if you require assistance with this risk assessment. |
| **5.** | ◯ | ◯ | PI/Supervisor has discussed the need for the employee/student to inform health care providers of the nature of the laboratory research during an accident or post-exposure medical visit. |
| **6.** | ◯ | ◯ | PI/Supervisor has reviewed the site-specific laboratory safety requirements with the employee/student, including working alone, personal lab hygiene and responsibilities for safety, site specific waste procedures, and emergency response contacts. |
| **7.** | ◯ | ◯ | Hazard assessment, use and limitations information concerning Personal Protective Equipment (PPE) required in laboratory has been reviewed and personnel have been provided with the appropriate personal equipment required (lab coat(s), safety glasses/goggles, gloves) and shown location of shared PPE (e.g. face shields, temp resistant gloves) |

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| **8.** | ◯ | ◯ | Does the employee/student need a respirator?<br>*If yes, arrange for exposure evaluation, training and fit testing through Environmental Health and Safety at 474-6633*. |
| **9.** | Yes | N/A | Have the following pertinent procedures for emergency response been identified to the employee/student: |
| | ◯ | ◯ | a. Spills, Ventilation/fume hood failures, etc. |
| | ◯ | ◯ | b. Fire (Fire procedures and Fire Marshall identified?) |
| | ◯ | ◯ | c. Personal injury and/or medical emergency (First aid responders identified?) |
| | ◯ | ◯ | d. Accident/Incident reporting procedure |
| **10.** | Yes | N/A | Have all Safety and Emergency Equipment **locations and procedures** been identified to the employee/student? |
| | ◯ | ◯ | a. Emergency Shower |
| | ◯ | ◯ | b. Emergency Eyewash |
| | ◯ | ◯ | c. Fire Alarm Pull Station |
| | ◯ | ◯ | d. Fire Extinguisher |
| | ◯ | ◯ | e. First aid and Spill Kits |
| | ◯ | ◯ | f. Emergency Contact Phone #s |
| | ◯ | ◯ | g. Fume Hoods |
| | ◯ | ◯ | h. Biological Safety Cabinets (BSCs) |
| | ◯ | ◯ | i. Flammable Storage Cabinets |
| | ◯ | ◯ | k. Others |
| **11.** | Yes | N/A | Have site-specific waste procedures and locations of the Hazardous Waste Wall Charts (Lab waste, Biowaste, Radioactive waste) been identified and explained to the employee/student: |
| | ◯ | ◯ | a. Solvents? |
| | ◯ | ◯ | b. Acids/bases? |
| | ◯ | ◯ | c. Radioactive material? |
| | ◯ | ◯ | d. Sharps/broken glass? |
| | ◯ | ◯ | e. Biohazardous material? |
| | ◯ | ◯ | f. Animal carcasses? |
| **12.** | Yes | N/A | Training |
| | ◯ | ◯ | PI/Supervisor has reviewed with the employee/student, the laboratory signage (WHIP - Workplace Hazard Information Placard) and entrance requirements as indicated on the placard posted by the door? Contact EHS 474-6633 for information on obtaining lab signage. |
| | ◯ | ◯ | a. If radioactive material is to be handled, has the employee/student registered for Radiation Safety training? Email radsafety@umanitoba.ca or call 789-3613.<br>If the new personnel will not be handling radioactive material in the Radioisotope Permitted lab, have they completed Basic Lab Safety – Radiation Safety? |
| | ◯ | ◯ | b. If using biological agents, has the employee/student completed online Generic Biosafety Training? |
| | ◯ | ◯ | c. Have all new lab personnel must complete Online WHMIS training? WHMIS Coordinator signature below** indicates that this has been documented |

| 13. | Yes | N/A | Updating Permits |
|---|---|---|---|
| | ◯ | ◯ | If new personnel is working with biological agents, have they been added to the PI's Biosafety Permit? |
| | ◯ | ◯ | Contact Radiation Safety to have new personnel added to an Internal Radioisotope Permit or X-ray Permit. Email radsafety@umanitoba.ca or call 789-3613. |
| | ◯ | ◯ | The new employee/student understands that the PI/official supervisor/EHS can/should be contacted at any time to discuss safety concerns. |

***The signatures below indicate that the above material has been reviewed with this employee/student and the employee/student agrees to follow the prescribed lab and departmental safety procedures**:*

**Employee/Student** _____

**WHMIS Coordinator** _____

**Principal Investigator/Official Supervisor*** _____

*Official Supervisor is a person whose supervisory rsponsibilities are defined in their job description

# Site-Specific Biological Safety Training

| Describe the unfixed Biological agents in use in the lab facility |
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Y ◯ N/A ◯ If you are using procedures involving cell culture, have you reviewed the Cell Culture Standard?
Y ◯ N/A ◯ If you are using procedures involving Lentiviral vectors have you reviewed the CBSG Lentiviral Vectors Guideline 2019 and 2020 Working with Lentiviral Vectors?
Y ◯ N/A ◯ If you are using procedures involving Human Blood, Tissue, Body Fluids, have you reviewed the Working with Human Blood, Tissue, Body Fluids Guide

| Describe the pathogenic characteristics of the biological agents and the potential hazards associated with their use in the lab facility |
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| Describe the most likely routes of transmission or hazardous exposure to the biological agents used in the lab facility |
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| Describe the signs and symptoms of disease which may be caused by exposure or uncontrolled release of the biological agents used in the lab facility |
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| Describe the procedures being in the lab where there could be a hazardous exposure to the biological agents used in the lab facility |
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| List or describe the standard operating procedures used to prevent hazardous exposures to biological agents used in the lab facility | |
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| Who is responsible for determining whether or not the trainee is proficient in the use of the standard operating procedures above? | |
| On what date was the trainee deemed to be proficient? | |

| Have workers been trained on the use of relevant primary containment devices (biological safety cabinets, centrifuges and other pieces of equipment which are used to prevent the spread of potentially infectious aerosols)? | |
|---|---|
| Yes / No | Date |

Y ◯ N ◯ Have you reviewed the University of Manitoba - Biohazardous Spill Response?

| List or describe any additional spill response or emergency response procedures used in the event of an uncontrolled release of the biological agents used in the lab facility |
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Y ◯ N ◯ Have you reviewed the University of Manitoba Post Exposure Protocol?

| List or describe any additional post exposure protocols used in your facility |
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| Have workers been trained on the relevant physical design and operation of the lab facility? | |
|---|---|
| Yes / No | Date |

***The signatures below indicate that the above material has been reviewed with this employee/student and the employee/student agrees to follow the prescribed lab and departmental safety procedures:***

**Employee/Student** _____

**Principal Investigator/designated Supervisor** _____