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| **Date**  \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_  DAY MONTH YEAR | **Principal Investigator** | **Department** | **Building/Room** | **Hazards Present in the Lab**  ☐ Chemical ☐ Biohazard  ☐ Radiation ☐ Physical Hazards |
| **Person Completing Checklist** | **No. of Workers Normally in Lab**  \_\_\_\_Minimum \_\_\_\_Maximum | **Lab Supervisor** | **Lab Phone Number** | **Radiation Permit Number (If applicable)** |

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| **WHMIS Designate** | **SPILL Designate** | **TDG Designate** | **CHEMATIX Designate** |

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|  | **A. Laboratory Signage and Identification** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | Main entrance laboratory doors have a Laboratory Hazard Sign indicating current emergency contact information and hazards located within the lab. |  |  |  |  |  |  |
| 2 | **Hazard Specific Signage:** |  |  |  |  |  |  |
|  | 1. Containers used to store radioactive material orradioactive waste have the appropriate label. |  |  |  |  |  |  |
|  | 1. Refrigerators and freezers used for radioactive material storage have the appropriate label. |  |  |  |  |  |  |
|  | 1. Equipment used to handle or manipulate radioactive material has the appropriate label. |  |  |  |  |  |  |
|  | 1. Sinks used for the decontamination of radioactive items have the appropriate label. |  |  |  |  |  |  |
|  | 1. Areas on work benches used for radioactive experiments are identified using the appropriate label. |  |  |  |  |  |  |
|  | 1. Containers used to store biohazardous material or waste, have the appropriate label. |  |  |  |  |  |  |
|  | 1. Containers used to store chemicals or chemical waste, have the appropriate WHMIS label. |  |  |  |  |  |  |
|  | 1. A copy of the current radionuclide permit is posted in each lab listed on the permit. |  |  |  |  |  |  |
|  | 1. A copy of the CNSC (Canadian Nuclear Safety Commission) lab rules is posted in each lab listed on the permit. |  |  |  |  |  |  |

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|  | **B. Laboratory Administration and Training** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | All personnel working with controlled products have taken generic WHMIS training. |  |  |  |  |  |  |
| 2 | All personnel have received lab specific training from either the P.I., a designate or a supervisor. |  |  |  |  |  |  |
|  | Training includes a thorough review of hazards and risks associated with the specific job/task. |  |  |  |  |  |  |
| 3 | Records for all safety training, including laboratory specific training, are available. |  |  |  |  |  |  |
| 4 | MSDSs and PSDSs (Pathogen Safety Data Sheets) are located either in hard copy or on the desktop of a lab computer. |  |  |  |  |  |  |
| 5 | Standard Operating Protocols (SOP) are in place for experiments conducted and/or equipment used in the lab. |  |  |  |  |  |  |
| 6 | Hazard Specific Manuals: |  |  |  |  |  |  |
|  | 1. Radiation Code of Practice is available in the laboratory. |  |  |  |  |  |  |
|  | 1. Chemical Safety Manual is available in the laboratory. |  |  |  |  |  |  |
|  | 1. Biosafety Guidelines are available in the laboratory. |  |  |  |  |  |  |
| 7 | “Working Alone” protocols are in place and communicated to staff. |  |  |  |  |  |  |
| 8 | Class 3B and class 4 lasers are registered with EHS |  |  |  |  |  |  |
| 9 | Hazard assessments are conducted for work conducted in the space. |  |  |  |  |  |  |
| 10 | Persons sending or receiving radioactive, hazardous chemicals and/or biohazardous packages have a valid TDG (Transport of Dangerous Goods) Certificate. |  |  |  |  |  |  |
| 11 | Radiation Specific Training |  |  |  |  |  |  |
|  | 1. Persons handling radioactive material have been certified by the Radiation Safety Committee by passing the Radiation Safety Course. |  |  |  |  |  |  |
|  | 1. Persons handling radioactive material have had refresher safety training within the last 2 years. |  |  |  |  |  |  |
|  | 1. Persons working in the lab who are not radiation safety certified have read and signed the *Radiation Safety Guidelines for Non-users.* |  |  |  |  |  |  |

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|  | **C. Physical Hazards** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | Areas with specific hazards (i.e. lasers, high voltage, high magnetic fields are clearly identified by signage. |  |  |  |  |  |  |
| 2 | Extension cords out of the aisles where they can be abused by heavy traffic. |  |  |  |  |  |  |
| 3 | There is safe clearance for all equipment through aisles and doors. |  |  |  |  |  |  |
| 4 | Stored material is stable and secure. |  |  |  |  |  |  |
| 5 | Storage areas are free from tipping hazards. |  |  |  |  |  |  |
| 6 | Specifications are posted for maximum loads which are approved for shelving units containing heavy materials. |  |  |  |  |  |  |
| 7 | Proper lifting techniques are used by all personnel. |  |  |  | Further information on proper lifting can be found at: [How to work and stay healthy](http://work.alberta.ca/occupational-health-safety/13568.html) |  |  |
| 8 | Lockout procedures are followed when performing maintenance with guards removed. |  |  |  | Further information on lockout can be found at: [Lockout Information](http://www.ccohs.ca/oshanswers/hsprograms/lockout.html) |  |  |
| 9 | Dangerous machine parts are adequately guarded. |  |  |  |  |  |  |
|  | **D. Laboratory Housekeeping and Work Practices** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | Door(s) to the laboratory are closed, and locked when the room is unoccupied. Access is restricted to authorized persons only. |  |  |  |  |  |  |
| 2 | Food and drink are stored and consumed away from the laboratory. |  |  |  |  |  |  |
| 3 | Long hair is tied back and dangling jewelry is removed. |  |  |  |  |  |  |
| 4 | Insertion and removal of contact lenses is not done in the laboratory. Cosmetics, including lip balm, are not applied in the lab. |  |  |  |  |  |  |
| 5 | Pipetting is performed by mechanical means only. |  |  |  |  |  |  |
| 6 | Laboratory surfaces are cleaned, disinfected or decontaminated after use or at the end of the day. |  |  |  |  |  |  |
| 7 | Needles are not recapped or removed from the syringe. |  |  |  |  |  |  |
| 8 | Areas where work with hazardous materials occurs (biohazard, chemical and radioactive) are segregated from non-hazardous work areas, desks and offices. |  |  |  |  |  |  |
| 9 | The laboratory is clean, neat, and organized including, but not limited to, the floors, counter spaces and fume hoods. Aisles and passageways are clear and uncluttered. |  |  |  |  |  |  |
| 10 | Hands are washed after gloves have been removed, before leaving the lab and at any time after handling materials known or suspected to be contaminated. |  |  |  |  |  |  |
| 11 | Open wounds, cuts, scratches and grazes are covered. |  |  |  |  |  |  |
| 12 | Electrical Safety |  |  |  |  |  |  |
|  | 1. Plugs, cords and outlets are in good condition |  |  |  |  |  |  |
|  | 1. Extension cords only present for immediate use and do not pose trip hazards |  |  |  |  |  |  |
|  | 1. Outlets are not overloaded, power bars are not daisy-chained. |  |  |  |  |  |  |
|  | 1. Power bars are secured off the floor, away from liquids and do not present a hazard. |  |  |  |  |  |  |

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|  | **E. Laboratory Hazard Controls** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | Work that generates hazardous chemical gases, vapors, or volatile radioiodine is conducted in a designated fume hood. |  |  |  |  |  |  |
| 2 | Equipment used in the fume hood does not interfere with air flow. |  |  |  |  |  |  |
| 3 | Fume hoods that are designated for work with volatile radioactive material are certified and tested annually in high level laboratories. |  |  |  |  |  |  |
| 4 | Freezers used to store radioactive, chemical and biohazards are free of ice build-up. |  |  |  |  |  |  |
| 5 | **Radiation Specific Hazard Controls:** |  |  |  |  |  |  |
|  | 1. Absorbent material is used to cover lab benches where radioactive material is handled or stored. The absorbent side is facing up and the plastic side is facing down. |  |  |  |  |  |  |
|  | 1. The radiation exposure rate from any source is ≤ 2.5 µSv/hour in occupied areas. |  |  |  |  |  |  |
|  | 1. Surface contamination is less than 100 cpm/wipe above background on floors, bench tops, equipment and other items. |  |  |  |  |  |  |
|  | 1. Radioactive stocks are stored in a locked container which cannot be easily removed from the radioisotope laboratory and are accessible only to persons listed on the permit. |  |  |  |  |  |  |
|  | 1. Radioactive material and potentially contaminated items are used and/or stored only in laboratories listed on the radionuclide permit. |  |  |  |  |  |  |
|  | 1. Only radionuclides listed on the radionuclide permit are stored or used. |  |  |  |  |  |  |
|  | 1. The amount of radioactivity stored or used does not exceed the limits that are specified on the radionuclide permit. |  |  |  |  |  |  |
|  | 1. Charcoal traps are used to absorb radioactive gases generated during cell incubation and other processes that are not performed in a fume hood. |  |  |  |  |  |  |
|  | **Chemical Specific Hazard Controls:** |  |  |  |  |  |  |
|  | 1. Corrosives and flammables are stored below eye level. |  |  |  |  |  |  |
|  | 1. Chemicals are stored by compatibility groups. Incompatible materials or products are appropriately segregated. |  |  |  |  |  |  |
|  | 1. Fume hood is not used for the storage of chemicals or equipment. |  |  |  |  |  |  |
|  | 1. Flammable liquids are stored and used away from ignition sources. |  |  |  |  |  |  |
|  | 1. Bulk quantities of flammable liquids (i.e. > 25 L) are stored in approved flammable storage cabinets. |  |  |  |  |  |  |
|  | 1. The “date received” and the “date opened” are clearly marked on all chemicals. |  |  |  |  |  |  |
|  | 1. Compressed gas cylinders are properly secured. |  |  |  |  |  |  |
|  | 1. Cylinder caps are in place when cylinders are not in use or being moved. |  |  |  |  |  |  |
|  | 1. Gas cylinders are stored away from excessive heat. |  |  |  |  |  |  |
|  | 1. Gas lines, taps, piping, manifold, etc. are labeled with the identity of the contents. |  |  |  |  |  |  |
|  | **Biohazardous Material Specific Controls:** |  |  |  |  |  |  |
|  | 1. Biological safety cabinets have been tested within the last year. |  |  |  |  |  |  |
|  | 1. Biological safety cabinets are not used for storage of equipment. |  |  |  |  |  |  |
|  | 1. Biohazardous material is properly labeled and stored in refrigerators, freezers, incubators and other storage devices. |  |  |  |  |  |  |
|  | 1. Centrifugation of biohazards occurs in sealed containers in bio-contained buckets or rotors. |  |  |  |  |  |  |
|  | 1. Disinfectant appropriate to the hazards being used is available in the laboratory. |  |  |  |  |  |  |
|  | 1. Universal precautions are observed for all procedures involving Human Clinical Specimens. |  |  |  |  |  |  |

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|  | **F. Personal Protective Equipment** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | Appropriate lab coats, safety glasses/googles, and gloves are worn when handling hazardous or potentially hazardous material or items. |  |  |  |  |  |  |
|  | 1. Coat hooks for lab coats are located near the exit. Separate hooks are available for street clothes. Lab clothing is not in contact with street clothing. |  |  |  |  |  |  |
| 2 | Shoes that fully cover the foot and floor length pants are worn in the laboratory. |  |  |  |  |  |  |
| 3 | All respirator wearers have been fit tested every 2 years or when there is a change in facial features or a change in process. |  |  |  |  |  |  |
| 4 | Hearing protection is used when appropriate. |  |  |  |  |  |  |
| 5 | The required PPE document has been signed by all laboratory personnel. |  |  |  |  |  |  |
| 6 | Areas requiring PPE usage are properly identified by proper signage. |  |  |  |  |  |  |
| 7 | Personnel have been trained on the proper use of required PPE |  |  |  |  |  |  |

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|  | **G. Inventories of Hazardous Material** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | **Radioisotope Stocks:** |  |  |  |  |  |  |
|  | 1. All sections of the radioactive stock inventory record are filled out completely and legibly. |  |  |  |  |  |  |
|  | 1. Radioactive stock inventory records are up-to-date. |  |  |  |  |  |  |
|  | 1. The full name of persons withdrawing aliquots are recorded on the radioactive stock inventory record. |  |  |  |  |  |  |
|  | 1. Activity amounts are indicated using proper units (i.e. µCi, mCi, kBq, MBq). |  |  |  |  |  |  |
|  | 1. The date the stock was disposed of is indicated on the radioactive stock inventory record. |  |  |  |  |  |  |
|  | 1. Quarterly stock verification forms are submitted to the Radiation Safety Office. |  |  |  |  |  |  |
| 2 | **Chemical Inventories:** |  |  |  |  |  |  |
|  | 1. Controlled Drugs are stored securely and records of use are kept. |  |  |  |  |  |  |
|  | 1. Ethanol (95% or greater) is stored securely and records of use are kept. |  |  |  |  |  |  |
| 3 | **Inventory of Biohazardous Material:** |  |  |  |  |  |  |
|  | 1. A current inventory of biohazards (including quantities) is available in the laboratory. |  |  |  |  |  |  |

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|  | **H. Hazardous Waste Management** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | **General Waste Management:** |  |  |  |  |  |  |
|  | 1. Waste containers are stored in a safe and secure area of the laboratory. |  |  |  |  |  |  |
|  | 1. Syringes/needles and other sharp objects are disposed of into designated sharps containers. |  |  |  |  |  |  |
|  | c) CHEMATIX is used to dispose of hazardous waste in the laboratory. |  |  |  |  |  |  |
| 2 | **Radioactive Waste Management:** |  |  |  |  |  |  |
|  | 1. Solid radioactive waste is stored in containers lined with clear, plastic bags (“heavy duty” or 6 mil poly). |  |  |  |  |  |  |
|  | 1. Liquid radioactive waste is stored in reagent bottles with tight-fitting caps. |  |  |  |  |  |  |
|  | 1. Radioactive waste is segregated according to radioisotope (except for liquid scintillation fluorescence). |  |  |  |  |  |  |
|  | 1. Radioactive biohazard waste is segregated from radioactive non-biohazard waste. |  |  |  |  |  |  |
|  | 1. Radioactive labels are defaced on all items placed in radioactive waste containers. |  |  |  |  |  |  |
|  | 1. The amount of radioactivity in each waste container is recorded and kept up-to-date, using the “Radioactive Waste Contents” form. |  |  |  |  |  |  |
|  | 1. Radioactive waste disposal records are retained. |  |  |  |  |  |  |
| 3 | **Biological Waste Management:** |  |  |  |  |  |  |
|  | 1. All biohazardous waste is properly decontaminated before disposal. |  |  |  |  |  |  |
|  | 1. Documentation for autoclave testing using biological indicators is available. |  |  |  |  |  |  |
|  | 1. Animal waste is sent to the appropriate animal facility. |  |  |  |  |  |  |
| 4 | **Chemical Waste Management:** |  |  |  |  |  |  |
|  | 1. Chemical waste is stored according to its compatibility. |  |  |  |  |  |  |
|  | 1. Liquid waste is segregated from solid waste. |  |  |  |  |  |  |
|  | 1. Chemicals and samples no longer required are disposed of. |  |  |  |  |  |  |

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|  | **I. Radiation Specific Items** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | Persons working with radionuclides that emit penetrating radiation (i.e. gamma, x-ray, high energy beta or neutron) wear a whole-body radiation dosimeter. |  |  |  |  |  |  |
| 2 | Persons working with greater than 50 MBq of P-32, Sr-90, Y-90, Sm-153 or Re-186 wear an extremity (ring) dosimeter. |  |  |  |  |  |  |
| 3 | Thyroid monitoring is performed between 1 to 5 days after handling > 50 MBq of volatile radioiodine. |  |  |  |  |  |  |
| 4 | An appropriate survey meter (e.g. Geiger counter, scintillation detector) is available for use during radioactive work. |  |  |  |  |  |  |
| 5 | The survey instrument has been calibrated within the date indicated on the calibration sticker. |  |  |  |  |  |  |
| 6 | The survey meter is functioning properly. |  |  |  |  |  |  |
| 7 | Contamination wipe tests have been properly carried out within 7 days of performing any radioactive work. |  |  |  |  |  |  |
| 8 | An adequate number of wipe tests have been taken (i.e. at least 5 per bench area) and recorded. |  |  |  |  |  |  |
| 9 | A blank (background) count-rate has been determined for each series of wipe tests. |  |  |  |  |  |  |
| 10 | Wipe tests have been taken and recorded following the decontamination of any surfaces. |  |  |  |  |  |  |
| 11 | A copy of the wipe test requirements are posted on the liquid scintillation and/or gamma counter. |  |  |  |  |  |  |
| 12 | Radioactive labels have been removed from any item, equipment or boxes not currently in use and which have been checked to be free of radioactive contamination. |  |  |  |  |  |  |

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|  | **J. Chemical Safety Specific Inspection Items** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | Refrigerators used for storage of flammable chemicals are designed for that purpose. |  |  |  |  |  |  |
| 2 | An acid storage cabinet is available |  |  |  |  |  |  |
| 3 | Is hydrofluoric acid used in the laboratory? |  |  |  | No corrective action required for “no” response. If “yes” question 4a) **must** answered. |  |  |
|  | 1. If YES, is calcium gluconate readily available? |  |  |  |  |  |  |
| 4 | Are there any dangerously reactive chemicals in the lab (i.e. metal hydrides)? |  |  |  | No corrective action required for “no” response. |  |  |
| 5 | Are there any chemicals in the laboratory that form hazardous crystals and may be explosive (i.e. picric acid)? |  |  |  | No corrective action for “no” response |  |  |
| 6 | Peroxide-forming chemicals are regularly inspected. |  |  |  |  |  |  |
| 7 | Oxidizers are stored separately. |  |  |  |  |  |  |
| 8 | Toxic, corrosive and explosive gas cylinders are placed in a gas cabinet and regulators and lines are checked on a regularly scheduled basis. |  |  |  |  |  |  |

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|  | **K. Biohazard Specific Inspection Items** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | A leak-proof container (i.e. cooler) is available for use when transporting biohazards within the facility or between buildings on foot. |  |  |  |  |  |  |
| 2 | The Biosafety Registry information is current. |  |  |  |  |  |  |
| 3 | All vacuum lines, used for biological preparations, are equipped with in-line filters. |  |  |  |  |  |  |
| 4 | The laboratory is free from pests or evidence thereof. |  |  |  |  |  |  |

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|  | **L. Physical hazard Specific Inspection Items** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
|  | **Tools** |  |  |  |  |  |  |
| 1 | Manufacturers' manuals are kept for all equipment and machinery. |  |  |  |  |  |  |
| 2 | Power tools conform to standards. |  |  |  |  |  |  |
| 3 | Tools are used for their intended purpose. |  |  |  |  |  |  |
| 4 | Defective tools are tagged and removed from service as part of a regular maintenance program. |  |  |  |  |  |  |
| 5 | Equipment and machinery are used so as to avoid electrical hazards. |  |  |  |  |  |  |
|  | **Electrical** |  |  |  |  |  |  |
| 6 | The Canadian Electrical Code (CSA 22.1) adhered to in operation, use, repair and maintenance of equipment. |  |  |  |  |  |  |
| 7 | Machines are properly grounded. |  |  |  |  |  |  |
| 8 | Portable hand tools grounded or double insulated. |  |  |  |  |  |  |
| 9 | Permanent wiring is used instead of extension cords. |  |  |  |  |  |  |
| 10 | Charging of electric batteries is performed only in designated areas. |  |  |  |  |  |  |
|  | **Stairs, Ladders and Temporary Work Structures** |  |  |  |  |  |  |
| 11 | Stairs and handrails in good condition. |  |  |  |  |  |  |
| 12 | Ladders free of defects. |  |  |  |  |  |  |
| 13 | Ladders are set up properly before use. |  |  |  |  |  |  |
| 14 | Temporary work structures are used only when it is not reasonably practicable to use permanent ones. |  |  |  |  |  |  |
|  | **M. Emergency Preparedness** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | First Aid kits are easily accessible and stocked. |  |  |  |  |  |  |
| 2 | Names of current first aid attendants are posted and/or recorded. |  |  |  |  |  |  |
| 3 | Training for the use of emergency equipment is provided to everyone |  |  |  |  |  |  |
| 4 | Fire Extinguishers are properly mounted and tagged with current certification tags. |  |  |  |  |  |  |
| 5 | Chemical, biohazard, and radioactive spill kits are located in appropriate posted locations and fully stocked. |  |  |  |  |  |  |
| 5 | Emergency exit signs are marked, illuminated, and free of obstructions. |  |  |  |  |  |  |
| 6 | Records of a 3 minute weekly eyewash station flush are kept. |  |  |  |  |  |  |
| 7 | An emergency eyewash station is provided in the lab or in close proximity to it with unimpeded access. Clear directions to its location are posted within the lab. |  |  |  |  |  |  |
| 8 | An emergency shower is provided in the lab or in close proximity to it with unimpeded access. Clear directions to its location are posted within the lab. |  |  |  |  |  |  |
| 9 | An emergency response plan and business continuity plan have been completed for the laboratory |  |  |  | Note: please contact the Office of Emergency Management website for more information. http://www.oem.ualberta.ca/ |  |  |

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|  | **N. Accountability** |  |  |  |  |  |  |
|  | **Criteria** | **yes** | **no** | **n/a** | **Comments / Corrective Action Taken** | **Correction Date** | **Initial** |
| 1 | Deficiencies that have been previously identified have been corrected. |  |  |  |  |  |  |
| 2 | The Principal Investigator or their designate conducts annual self-inspections using the *Laboratory Safety Check-List.* |  |  |  |  |  |  |

**ADDITIONAL COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINCIPAL INVESTIGATOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please e-mail EHS ([ehs.info@ualberta.ca](mailto:ehslab@ualberta.ca)) if you have any questions about this form.

|  |  |
| --- | --- |
|  | **Radioactivity Dispensing and Wipe Test Record** |
| **Month** | **Days Radioactivity Was Dispensed** |
| January | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 |
| February | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 |
| March | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 |
| April | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| May | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 |
| June | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| July | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 |
| August | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 |
| September | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| October | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 |
| November | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| December | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 |

**Note:** Wipe tests must be performed within 7 days of dispensing aliquots from radioactive stock and within 7 days of any radioactive work.

**O** - days on which aliquots were dispensed from radioactive stocks

**X** - days on which wipe tests were performed

Wipe Test Compliance \_\_\_\_\_\_\_\_ %