Chemical Hygiene Plan

Office of Environmental Health And Safety

Revised July 2012
The Occupational Safety & Health Administration (OSHA) published its final rules for occupational exposure to hazardous chemicals in the laboratory on January 31, 1990. The procedures contained in this Chemical Hygiene Plan have been developed by the Cleveland State University Office of Environmental Health & Safety, for the purpose of maintaining University compliance with applicable regulations and addressing laboratory safety in conjunction with provisions set forth by the OSHA in 29 CFR 1910.1450. These regulations became applicable to instrumentalities of the State of Ohio in March of 1993 by action of the Ohio Legislature.

A Chemical Hygiene Plan (CHP) is defined as a written program that sets forth procedures, equipment, personal protective equipment and work practices that are capable of protecting employees from the health hazards presented by hazardous chemicals used in that particular workplace. Components of this CHP include: Standard operating procedures for safety and health, criteria for the implementation of control measures, measure to ensure proper operation of engineering controls, provisions for training and information dissemination, permitting requirements, provisions for medical consultation, designation of responsible personnel and identification of particularly hazardous substances.

The Director of Environmental Health & Safety, in the capacity as University EHS Compliance Officer, serves as the University Chemical Hygiene Officer. The Chemical Hygiene Officer shall review and evaluate this Chemical Hygiene Plan on an annual basis, make any revisions as needed, and communicate those revisions to affected employees. The University Chemical Hygiene Plan is readily available to affected employees in laboratories where hazardous chemicals are used.
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1.0 Standard Operating Procedures for Laboratory Chemicals

1.1 Chemical Procurement

1.1.1 The decision to procure a chemical shall be a commitment to handle and use the chemical properly from initial receipt to ultimate disposal.

1.1.2 Requests for procurement of new chemicals shall be submitted to the departmental Chemical Hygiene Officer for review and approval, with copies forwarded to the University Chemical Hygiene Officer. “New” chemicals are defined as those which are not included in a Department’s Chemical Inventory. Submittals for new chemicals shall be facilitated by potential users by completing the form “New Chemical Purchasing Request” (see Appendix A). Employees shall review the MSDS for each new chemical PRIOR to actually beginning work.

1.1.3 Departmental personnel who are authorized to receive shipments of chemicals shall be knowledgeable regarding procedures for receipt.

1.2 Chemical Storage

1.2.1 Once received, chemicals shall be immediately moved to the designated storage area for the department.

1.2.2 The storage area shall be labeled as such and well-illuminated. Chemicals are to be segregated based on hazard classification and chemical compatibility.

1.2.3 Mineral acids (i.e. hydrochloric, nitric, phosphoric, sulfuric) should be separated from flammable and combustible materials. Separation is defined as storage within the same fire area but separated by as much space as practical (National Fire Protection Association Standard 49).

1.2.4 Acid-resistant trays shall be placed under bottles of mineral acids.

1.2.5 Acid-sensitive materials such as, cyanides and sulfides, shall be separated from acids or protected from contact with acids.

1.2.6 Any chemicals whose containers have been compromised shall be immediately placed into secondary containers to minimize release, and then disposed of in the proper manner. Clean up any spills...
promptly. Contact the Office of Environmental Health & Safety for large spills or if assistance is required.

1.2.7 The storage area is to remain secured at all times, accessible to authorized personnel only.

1.2.8 Chemicals shall be transported by placing in a secondary container to minimize potential release.

1.2.9 Chemical quantities brought to the lab bench shall be a small as is practical. Following the days work, all chemicals shall be returned to their appropriate storage area. Chemicals shall not be routinely stored at the lab bench (routine is defined as greater than one continuous 24-hour period).

1.2.10 Permanent storage of chemicals inside chemical hoods is prohibited. Small amounts of chemicals (in beakers, squeeze bottles etc…) necessary for lab experimentation may be kept under the hood during the experimentation process. Upon completion of the days’ activities, these small amounts if not used up, are to be returned to the chemical storage area.

1.3 Chemical Handling

Laboratory employees are expected to develop skills and perform work in a manner consistent with good laboratory practice as set forth by this Chemical Hygiene Plan. With the understanding that all chemicals potentially may pose a hazard to an individual, measures are to be taken that minimizes exposure to all chemicals.

General Precautions which shall be followed for the handling and use of all chemicals are:

1.3.1 Employees shall wash there hands upon entering and prior to leaving the laboratory. Efforts shall be made to reduce chemical contact with the skin.

1.3.2 Pipetting by mouth is expressly prohibited.

1.3.3 Eating, drinking, smoking, chewing gum, or applying cosmetics in laboratories is prohibited.

1.3.4 Laboratory employees shall be familiar with the symptoms of exposure for the chemicals with which they work and the precautions necessary to prevent exposure.
1.3.5 Should special precautions based on the toxicological properties of an individual be indicated, those precautions shall be implemented by the departmental Chemical Hygiene Officer, and notification made to the University Chemical Hygiene Officer. (Refer to Section 8.0)

1.4 **Personal Protective Equipment**

1.4.1 Safety glasses meeting the American National Standards Institute (ANSI) Standard Z87.1 are required for laboratory occupants and visitors and are considered minimum eye protection. Contact lenses are prohibited in areas of chemical use and storage.

1.4.2 Chemical goggles (and in some instances a full face shield) shall be worn during chemical transfer and handling.

1.4.3 Sandal, perforated shoes, and bare feet are prohibited.

1.4.4 Appropriate personal protective equipment (PPE) including but not limited to chemical goggles, gloves, aprons, etc…shall be worn and properly maintained. All PPE should be inspected prior to and following use for any damage or contamination that may impede proper performance.

1.4.5 Laboratory coats shall be laundered on a periodic basis. Any lab coats found to have significant contamination shall be immediately taken out of use.

1.4.6 All laboratory personnel shall ensure that any gloves worn are compatible with the specific chemical they will be using. A partial list of common chemical compatibilities for gloves can be found in Appendix B. For additional assistance, please contact the Office of Environmental Health & Safety.

1.4.7 Thermal-resistant gloves shall be worn for operations involving the handling of heated materials and exothermic reaction vessels. Thermal-resistant gloves shall be non-asbestos and shall be replaced when damaged or deteriorated.

1.4.8 Laboratory personnel shall not wear any device labeled as a respirator unless authorized by the University Chemical Hygiene Officer. Any usage of respiratory protection shall be in compliance with the Cleveland State University Respiratory Protection Program, and shall include medical evaluations and
monitoring, pulmonary function examinations and respirator fits tests.

1.5 Personal Work Practices

1.5.1 All employees and laboratory personnel shall conduct themselves in a professional manner in accordance with acceptable laboratory procedures. Any unsafe practices, behaviors or conditions discovered in the laboratory shall be immediately reported to the Project Director or Laboratory Supervisor.

1.5.2 Academic laboratories with student laboratory sessions in progress shall have an authorized person providing supervision in the laboratories at all times.

1.6 Housekeeping, Laboratory Equipment and Glassware

1.6.1 Each laboratory worker is directly responsible for the cleanliness of his or her work space, and jointly responsible for common areas of the laboratory.

1.6.2 All spills on lab benches or floors shall be immediately cleaned and properly disposed of. Large spills (defined as greater than one liter) should not be handled by the laboratory staff. Contact the Office of Environmental Health and Safety through the FAST Coordination Center (Extension 2500) or after 5:00pm via Campus Police Emergency (2111).

1.6.3 Each employee shall keep the work area clean and uncluttered. All chemicals and equipment shall be properly labeled in accordance with Section 1.7. At the completion of each project, the work area shall be thoroughly cleaned, equipment properly cleaned and stored and all chemicals returned to proper storage areas.

1.6.4 The lab benches shall be kept clear of equipment and chemicals except those necessary for the work currently being performed.

1.6.5 All floors, aisles, exits, fire-extinguishing equipment, eyewashes, showers, electrical disconnects and other emergency equipment shall remain unobstructed.

1.6.6 All glassware will be handled and stored with care to minimize breakage; all broken glassware will be immediately disposed of in puncture-resistant container that will prevent cutting or abrasions
during handling. Each container shall be properly closed and labeled as to its contents.

1.6.7 All evacuated glass apparatus shall be shielded to contain chemicals and glass fragments should implosion occur.

1.6.8 Waste receptacles shall be defined as such.

1.6.9 All chemical wastes will be disposed of in accordance with the regulatory guidelines set forth for Cleveland State University Hazardous Waste Contingency Plan, Appendix C. For assistance, contact the Office of Environmental Health and Safety.

1.7 Labeling

1.7.1 All containers in the laboratory shall be labeled. This includes chemical containers and waste containers. Chemical labels shall be informative and durable, and at a minimum will bear the identity of the product and the degree of hazard in accordance with the Cleveland State University’s Hazard Communication Program.

1.7.2 Portable containers shall be labeled by the individual using the container.

2.0 Criteria for Implementation of Control Measures

2.1 Air Sampling

2.1.1 Should air sampling for evaluating employee exposure to chemical substances be indicated, it shall be conducted by the Office of Environmental Health & Safety.

2.2 Safety and Emergency Equipment

2.2.1 Emergency telephone numbers shall be posted and shall include at a minimum Campus Police, Office of Environmental Health and Safety, Department Chairperson and Laboratory Supervisor/Project Director who is responsible for the laboratory.

2.2.2 All laboratory personnel shall receive training on the proper use of fire extinguishers upon initial assignment to work in a laboratory and annually thereafter.

2.2.3 All employees and lab personnel shall be instructed in the location and proper usage of emergency showers and eyewashes and first aid kits.
2.2.4 The Office of Environmental Health and Safety shall visually inspect eyewashes and emergency showers and document such inspections on a monthly basis (See Appendix D).

2.2.5 Physical Plant plumbers shall perform semi-annual maintenance checks of eyewash and emergency showers.

2.2.6 Signage identifying the location signs for safety and emergency equipment shall be present including fire extinguishers, first aid kits, eye wash stations and emergency showers.

2.3 Laboratory Inspections

2.3.1 All laboratories shall be subject to inspection by the Office of Environmental Health and Safety on a semester by semester basis on an unannounced basis. Laboratories may also be periodically inspected by departmental chemical hygiene officers, if applicable.

2.3.2 Copies of lab inspection forms (Appendix C) shall be provided to the Laboratory Supervisor and the Department Chairperson and/or the Departmental Chemical Hygiene Officer. Efforts shall be made to correct any deficiencies noted as soon as possible. Labs may be re-inspected to determine compliance.

2.3.3 All laboratory equipment shall be visually inspected before each used by the user and formally inspected by the Chemical Hygiene Officer, or his/her designee, as part of the routine laboratory inspection process. Damaged or inoperable equipment shall be taken out of service and replaced or repaired as necessary.

2.3.2. The Office of Environmental Health & Safety shall facilitate performance evaluations and inspections of laboratory chemical fume hoods on a quarterly basis. At least one evaluation shall be performed by an outside company qualified to perform hood balancing and testing. Specific information regarding laboratory chemical fume hoods can be found in the Cleveland State University Standard Operating Procedure (SOP) for Laboratory Chemical Fume Hoods (Appendix E).

2.3.3. Stored chemicals shall be examined periodically by the users for proper labeling and container integrity. Should the examination result in the discovery of corrosion, deterioration, leaks, or damage, the chemical(s) should be disposed of properly as per Appendix C of the Cleveland State University Hazardous Waste Contingency Plan. Labels that have become compromised shall be
removed and the item re-labeled with the appropriate information, as per the University’s Hazard Communication Standard.

2.3.4. The Chemical Hygiene Officer shall evaluate the integrity of stored chemicals as part of the laboratory inspection process.

3.0 Engineering Controls

Laboratories are designed and equipped with various engineering controls to facilitate safe use. Examples of such engineering controls include but are not limited to general ventilation systems, chemical hoods, local exhaust systems, glove boxes, laminar flow units and climate controlled storage units. These engineering controls may only be modified by personnel qualified to perform such activities. Requests for such modification shall be placed with the University Chemical Hygiene Officer.

3.1 Local Exhaust Ventilation

Local exhaust ventilation refers to canopy (“point-of-use”) hoods

3.1.1 Opening of vents shall be placed as close as possible to sources of the air containment.

3.1.2 Make sure the screen on the face of the vent is clean and unobstructed prior to usage.

3.1.3 After use, allow the fan to operate for an additional period of time to sufficiently clear contaminants from the ductwork.

3.1.4 Canopy hoods should never be used as a substitute for laboratory procedures employing chemicals whose use mandates a chemical fume hood.

3.1.5 Prior to any change in laboratory procedures where new chemicals are used, the adequacy of the ventilation system shall be determined by the University Chemical Hygiene Officer.

3.2 Laboratory Chemical Fume Hoods

Note: The term laboratory fume hood is commonly used to refer to that engineering control used for working with hazardous chemicals that generate volatile vapors potentially capable of impacting human health. Although a “fume” is not a gas but rather a solid particle resulting from
vaporization of gases into solid particles as during the welding process, references to these engineering controls as laboratory “fume” hoods has persisted. For purposes of this Chemical Hygiene Plan, references shall be made as to the use of “laboratory fume hoods and/or fume hoods”.

Where the use of a particular chemical substance requires a laboratory fume hood as deemed necessary by the manufacturer, all users shall not expose such chemicals to an environment outside of a laboratory fume hood.

The following work practices shall apply to the use of hoods:

3.2.1 Confirm adequate hood ventilation performance prior to opening chemical containers inside the hood. An inward flow of air can be confirmed by holding a piece of paper at the face of the hood and observing the movement of the paper.

3.2.2 Keep the sash of the hood closed at all times except when adjustments within the hood are being made. At these times, maintain the sash height as low as possible.

3.2.3 Do not permanently any chemicals inside a chemical fume hood; use only quantities necessary for the days work and return all unused chemicals to their appropriate storage area/cabinet.

3.2.4 Leave the hood operating at all times during a laboratory procedure when chemicals are contained inside the hood, including procedures or experiments that extend beyond normal working hours.

3.2.5 No chemical or hazardous waste shall be stored inside chemical fume hoods.

3.2.6 For additional operating procedures for chemical fume hoods, see the section on General Work Practices for Chemical Fume Hoods contained in the Cleveland State University Standard Operating Procedure for Chemical Fume Hoods (Appendix E).

4.0 Employee Information and Training

4.1 Hazard Information

Each employee affected by this plan (faculty, staff and student employees) will be apprised of hazards presented by chemicals used in the laboratory setting. Such hazard information is set forth in conjunction with the Cleveland State University Hazard Communication Program.
4.2 Training

Each employee shall be provided with training at the time of initial assignment to a laboratory, annually thereafter and in the event changes are made to laboratory procedures or assignment of personnel. The training modules shall consist of:

4.2.1 Proper identification, safe handling and use of hazardous materials.

4.2.2 Adequate labeling protocol.

4.2.3 Personal Protective Equipment.

4.2.4 The permissible exposure limits (PELs) for OSHA regulated substances or recommended exposure values for other hazardous chemicals not regulated by OSHA which are present in the laboratory;

4.2.5 Signs and symptoms associated with exposure to the chemicals present in the laboratory;

4.2.6 Location and use of Material Safety Data Sheets for laboratory chemicals.

4.2.7 References to the OSHA Laboratory Standard and appendices

4.2.8 The location and availability of the Chemical Hygiene Plan

4.2.9 Appropriate references to elements of related University Programs including the Hazard Communication Program and the Hazardous Waste Contingency Plan.

5.0 Prior Approval of Laboratory Activities

5.1 New Experiments and Procedures

Prior to beginning an experiment that has not been performed at the University, or upon modification of an existing experiment, an employee shall submit copies of the proposed experiment’s procedures and related information to the department chairperson, laboratory supervisor/project director if applicable, and the Chemical Hygiene Officer. The form found in Appendix F should be used to request performing new experiments.
5.1.1 The submitted proposal shall include:

5.1.1.1 Step by step procedures for the experiment

5.1.1.2 A list of chemicals to be used in the experiment accompanied by Material Safety Data Sheets, if available.

5.1.1.3 Location (building and room) where the proposed experiment is to take place.

5.1.2 The Chemical Hygiene Officer shall review the proposed procedures, evaluate any personal protective equipment or other engineering controls indicated, storage requirements and together with the department chairperson, verify the department has the physical facilities present to safely perform the experiment.

5.1.3 Approval for the proposed experiment shall be provided by documentation bearing the signature of the department chairperson, the laboratory supervisor/project director if applicable, and the Chemical Hygiene Officer.

5.2 Notification System

There are certain activities that present specific, foreseeable hazards to employees. These activities include off-hours work and unattended operations. A notification system shall be used where the laboratory supervisor shall notify (electronic correspondence is acceptable) the department chairperson and the Chemical Hygiene Officer of the Location, the work to be done, and the names and CSU identification numbers of authorized employees that will be present.

5.2.1 Off-Hours

Off-hours work is defined as work performed outside of normal University business hours (11:00pm – 6:00am) during the week, on Sundays, holidays and at any other time when the University is closed.

5.2.2 Unattended Operations

When laboratory operations are performed that will be left in progress and unattended by laboratory personnel (continuous operations, overnight reactions, etc.) the notification system will be
also be used, and the laboratory supervisor/project director shall also:

5.2.2.1 Post an appropriate sign on the inside of the laboratory door indicating that an experiment is in progress

5.2.2.2 The lights to the laboratory will be left on.

6.0 Medical Consultation and Examinations

6.1 An opportunity to receive medical attention is available to all employees who work with hazardous chemicals in the laboratory. The opportunity for medical attention will be made available to employees under the following circumstances:

6.1.1 Whenever an employee develops signs or symptoms associated with a hazardous chemical to which the employee may have been exposed in the laboratory.

6.1.2 Medical surveillance programs will be established where exposure monitoring reveals an exposure level above the action level for an OSHA-regulated substance; for which, there are exposure monitoring and medical surveillance requirements; and

6.1.3 Whenever an event takes place in the laboratory, such as a spill, leak, explosion or other occurrence resulting in the likelihood of a hazardous exposure, the employee will be provided and opportunity for medical consultations for the purpose of determining the need for medical examination.

6.2 These medical consultations and examinations shall be provided without cost to the employees, and at a reasonable time and place.

6.3 These medical consultations and examinations shall be administered by or under the direct supervision of the University Physician. Employees seeking a medical consultation should consult the University’s Health Services office.
7.0  Chemical Hygiene Responsibilities

7.1  Chemical Hygiene Officer (University)

The Director of Environmental Health & Safety, in the capacity as University EHS Compliance Officer, serves as the University Chemical Hygiene Officer. Individual departments may appoint a Departmental Chemical Hygiene Officer who will work closely with the University Chemical Hygiene Officer to ensure the elements of this program are adhered to. The duties of the University Chemical Hygiene Officer:

7.1.1 work with administrators, departmental chemical hygiene officers, and other employees to develop and implement appropriate chemical hygiene policies and practices;

7.1.2 evaluate procurement and use of chemicals in the lab, including determining that facilities and training levels are adequate for the chemicals in use;

7.1.3 perform laboratory inspections and chemical hygiene evaluations on a routine basis;

7.1.4 Together with the Departmental Chemical Hygiene Officer, assist laboratory supervisors/project directors in development of adequate precautions and facilities;

7.1.5 maintain current knowledge concerning the legal requirements of regulated substances in the laboratory;

7.1.6 review and update if indicated, the University’s Chemical Hygiene Plan on an annual basis;

7.1.7 maintain overall responsibility for the laboratory operation;

7.1.8 determine the proper level of personal protective equipment, and ensure that such protective equipment is made available

7.1.9 ensure that appropriate training has been provided to employees;

7.1.10 monitor the waste disposal program;

7.1.11 develop and maintain a list of all chemicals used in the department and maintain a file with an MSDS for each such chemical;
7.1.12 review the use of new chemicals and experiments; review modified experiments;

7.1.13 facilitate performance evaluations of the laboratory ventilation system (chemical fume hoods);

7.1.14 Inspect chemicals for deterioration and verify container integrity

7.2 **Chemical Hygiene Officer (Departmental)**

Individual departments may assign a qualified individual to serve as a Departmental Chemical Hygiene Officer. This individual will assist the University Chemical Hygiene Officer in ensuring compliance with the provisions of this program and the OSHA Laboratory Standard. Departmental Chemical Hygiene Officers will:

7.2.1 work the University Chemical Hygiene Officer, department chairs, and departmental personnel to ensure safe laboratory practice in University facilities.

7.2.2 evaluate procurement and chemical use in the laboratories

7.2.3 physically visit laboratories on a routine basis, looking for proper chemical storage and integrity, and reporting any instances of non-compliance to the University Chemical Hygiene Officer.

7.2.4 together with the University Chemical Hygiene Officer, assist laboratory supervisors/project directors in development of adequate precautions

7.2.5 determine proper level of personal protective equipment, and ensure that such equipment is made available

7.2.6 review the use of any new chemicals and experiments

7.3 **Laboratory Supervisor/Project Director**

The Laboratory Supervisor may function as a Researcher or Project Director.

Duties of the Laboratory Supervisor/Project Director:

7.3.1 Ensure that each employee knows and follows the rules and procedures established in this plan;
7.3.2 In cooperation with the Chemical Hygiene Officer(s), determine the need for eye and face protection for the work being performed and insure that proper protection is worn;

7.3.3 In cooperation with the Chemical Hygiene Officer(s), determine the need for hand and body protection for the work being performed and insure that proper protection is worn;

7.3.4 Ensure laboratory workers are familiar with the location and operation of laboratory emergency equipment including first aid kits, eyewash stations and emergency showers;

7.3.5 Follow the Cleveland State University Hazardous Waste Contingency Plan which identifies Emergency Procedure for Hazardous Waste and Chemical Spills;

7.3.6 Ensure a Cleveland State University Accident/Incident Report (Appendix G) is filled out by any employees, students or visitors if an injury/illness occurs in your laboratory. Signature of the employee’s supervisor is required on the form;

7.3.7 Perform an investigation into the accident/incident and report findings using an Accident Investigation Form (Appendix H);

7.3.8 Assist in performing the annual review of the Chemical Hygiene Plan by providing input to the Chemical Hygiene Officer(s).

7.4 Laboratory Workers

These are employees of Cleveland State University whose duties involve working in a chemical laboratory other than the Laboratory Supervisor/Project Director.

The laboratory workers are individually responsible for:

7.4.1 planning and conducting each laboratory operation in accordance with the Chemical Hygiene Plan;

7.4.2 developing and maintaining good personal chemical hygiene habits.
8.0 Additional (Specialized) Precautions

When laboratory procedures are intended that require the use of additional classifications of chemicals (allergens, embryotoxins, teratogens, carcinogens, etc.), additional special precautions shall be implemented as deemed necessary by the Chemical Hygiene Officer(s). The form for new or modified lab experiments should be filled out (see Section 5.1).

8.1 Working with Allergens and Embryotoxins (Special Precautions)

8.1.1 Suitable gloves to prevent hand contact shall be worn when exposed to allergens or substances of unknown allergen activity.

8.1.2 Women of child-bearing age will handle embryotoxins only in a hood with confirmed satisfactory performance and will use protective equipment to prevent skin contact as prescribed by the supervisor and Chemical Hygiene Officer.

8.1.3 Embryotoxins will be stored in adequately ventilated areas in unbreakable secondary containers.

8.1.4 The Project Director and Chemical Hygiene Officer will be notified of spills and other exposure to incidents. A physician will be consulted when appropriate.

8.2 Working with Chemicals of Moderate Chronic or High Acute Toxicity (i.e., diisopropyl fluorophosphates, hydrofluoric acid, hydrogen cyanide; Special Precautions)

8.2.1 Areas where these chemicals are stored and used are of restricted access and have special warning signs.

8.2.2 Based on the toxicity of the chemical to be used, special ventilation may be required. The Chemical Hygiene Officer shall be contacted for consultation.

8.2.3 Gloves and long sleeves will be used. Hands and arms will be washed immediately after working with these chemicals.

8.2.4 Two people will always be present during work with these chemicals.
8.3 Working with Chemicals of High Chronic Toxicity (Special Precautions)

8.3.1 All transfer and work with these substances shall be in a designated area: a restricted access hood, glove box or portion of lab.

8.3.2 Approval of the supervisor will be obtained.

8.3.3 Vacuum pumps must have scrubber or high efficiency particulate absolute (HEPA) filters.

8.3.4 Any contaminated equipment or glassware will be decontaminated in the hood before removing them from the designated area.

8.3.5 For powders, a wet mop or vacuum with a HEPA filter will be used for cleanup.

8.3.6 The designated area will be marked with warning and restricted access signs.

8.3.7 Containers will be stored in a ventilated, limited access area in labeled, unbreakable, chemically resistant, secondary containers.

8.4 Working with Animals and Chemicals of High Chronic Toxicity (Special Precautions)

8.4.1 For large scale studies, special facilities with restricted access will be provided.

8.4.2 The substance will be administered by injection or lavage when possible rather than by diet. When diet is used, a caging system under negative pressure or under laminar air flow directed toward HEPA filters will be used.

8.4.3 Procedures will be used to minimize contaminated aerosol from food, urine and feces:

8.4.3.1 HEPA filtered vacuum equipment for cleaning;

8.4.3.2 Moisten contaminated bedding before removal from cage;

8.4.3.3 Mix diets in closed containers in hood.

8.4.4 Plastic or rubber gloves and fully buttoned lab coats will be worn in the animal room.
9.0 Recordkeeping

9.1 Accident investigations will be conducted by the laboratory supervisor/project director with assistance from other personnel as deemed necessary.

9.2 Accident reports will be submitted to the Director of Environmental Health and Safety as soon following the accident/incident as possible but not later than 48 hours.

9.3 Exposure records for hazardous chemicals and harmful physical agents will be maintained for 30 years per 29 CFR 1910.20.

9.4 Medical records for employees exposed to hazardous chemicals and harmful physical agents are confidential and will be maintained for the duration of employment plus 30 years per 29 CFR 1910.20 in accordance with patient privacy regulations.

9.5 Records of inspections of equipment will be maintained for the lifetime of the equipment.

9.6 Records of employee training will be maintained for employment, plus five years.

10.0 Chemical Spills, Releases and Accidents

In the event of a chemical spill, release or accident, provisions set forth in the Cleveland State University Hazardous Waste Contingency Plan shall be implemented.

11.0 Annual Chemical Hygiene Plan Audit

The Chemical Hygiene Officer will conduct an audit of the Chemical Hygiene Plan on an annual basis. This review will include soliciting input from departmental chemical hygiene officers and affected personnel.
APPENDIX A

NEW CHEMICAL PURCHASING REQUEST FORM
NEW CHEMICAL PURCHASING REQUEST FORM

Date____________________  Requestor__________________________

Dept____________________  Proposed Location___________________

Chemical Name___________________________________________________

MSDS Attached □ Yes □ No

NOTE: MATERIAL SAFETY DATA SHEET REQUIRED FOR APPROVAL

Proposed Use____________________________________________

____________________________________________________________________

Engineering Controls  Storage Requirements  Personal Protective Equipmt

☐ Fume Hood  ☐ Flammable Cabinet  ☐ Chemical Goggles
☐ Canopy Hood  ☐ Corrosive Cabinet  ☐ Face Shield
☐ Laminar Flow  ☐ Acid Cabinet  ☐ Overalls/Apron
☐ Other  ☐ Other  ☐ Gloves

□ Other □ Other □ Gloves

Type_________  □ Other

Will Medical Surveillance be required? □ Yes □ No

If yes, indicate type______________________________________________

Comments:___________________________________________________________

____________________________________________________________________

____________________________________________________________________

Approved: ________________________ __________________________

Department Chair or Bob Grindley
Chemical Hygiene Officer University Chemical Hygiene Officer
APPENDIX B

Glove Compatibilities of Common Chemicals
APPENDIX C

Lab Inspection Form
Cleveland State University  
Office of Environmental Health and Safety  
Laboratory Inspection Form  

Date______________ Building/Room_______________________      Dept._____________

I. Safety Equipment

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Present</th>
<th>Stocked</th>
<th>Functioning</th>
<th>Inspected</th>
<th>Charged</th>
<th>Inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid Kit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyewash Station</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Shower</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Extinguisher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Personal Protective Equipment (Check all that apply)

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Present</th>
<th>Gloves</th>
<th>Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goggles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face Shield</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Coats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall/Apron</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type:  
□ PPE in use  □ PPE Not in use  □ Not Applicable: __________________________

III. Laboratory Product Identification (Check all that apply)

<table>
<thead>
<tr>
<th>Product Identification</th>
<th>Present</th>
<th>Secured</th>
<th>Labeled Properly</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological/Infectious</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radioactive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Precautions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compressed Gas Tanks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labeled Properly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: __________________________

IV. Product Storage

<table>
<thead>
<tr>
<th>Storage</th>
<th>Present</th>
<th>In Use</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials Stored</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical Safety Cabinets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials Stored Improperly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: __________________________

<table>
<thead>
<tr>
<th>Containers Leaking, Bulging, Rusting, etc...</th>
<th>Excessive amounts of unused chemicals present</th>
</tr>
</thead>
<tbody>
<tr>
<td>□Chemical containers leaking, bulging, rusting, etc...</td>
<td>□Excessive amounts of unused chemicals present</td>
</tr>
</tbody>
</table>

V. Waste Management

<table>
<thead>
<tr>
<th>Type of Waste</th>
<th>Labeled Properly</th>
<th>Fume Hood Operational</th>
<th>Fume Hood Inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biohazardous</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Proper Containers Used: □ Yes □ No

VI. Miscellaneous

<table>
<thead>
<tr>
<th>Miscellaneous</th>
<th>□ Fume Hood Operational</th>
<th>□ Fume Hood Inspected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Evidence of Eating Drinking Smoking □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Lab Safety/Operating Procedures Posted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Emergency Contact Information Posted</td>
<td></td>
</tr>
</tbody>
</table>

VII. Additional Comments:

Inspected by: __________________________ Date:________________

Environmental Health & Safety Personnel
APPENDIX D

Safety Equipment Inspection Form
Cleveland State University
Laboratory Safety Equipment Inspection Form
(To Be Posted in Lab Near Equipment)

<table>
<thead>
<tr>
<th>Department</th>
<th>Date</th>
<th>Building</th>
<th>Room Number</th>
</tr>
</thead>
</table>

**Eyewash Station: (Operational)**

| Date | Personnel | Date | Personnel | Date | Personnel | Date | Personnel | Date | Personnel | Date | Personnel | Date | Personnel | Date | Personnel | Date | Personnel | Date | Personnel |
|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|------|-----------|

**Fire Extinguisher (Charged):**

<table>
<thead>
<tr>
<th>Date</th>
<th>Personnel</th>
<th>Date</th>
<th>Personnel</th>
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<th>Personnel</th>
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</thead>
</table>

**Emergency Shower:**

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<tr>
<th>Date</th>
<th>Personnel</th>
<th>Date</th>
<th>Personnel</th>
<th>Date</th>
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<th>Personnel</th>
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</thead>
</table>

**First Aid Kit:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Personnel</th>
<th>Date</th>
<th>Personnel</th>
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<th>Date</th>
<th>Personnel</th>
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</table>
APPENDIX E

Fume Hood Standard Operating Procedures
Cleveland State University  
Office of Environmental Health & Safety  

Standard Operating Procedures  
For  
Chemical Fume Hoods  

Cleveland State University, in its efforts to provide for the health and safety of its employees, shall make every effort to ensure that chemical fume hoods are operating within acceptable industry standards. It will be the responsibility of the Office of Environmental Health & Safety (OEHS) to establish guidelines and to ensure the performance of all chemical fume hoods on campus is monitored. Any questions or concerns pertaining to the safe usage of chemical fume hoods should be directed to the Director of Environmental Health and Safety.

Acquisition and Installation of New Chemical Fume Hoods

Prior to the ordering of any new fume hoods on campus, departments will provide the manufacturer’s specifications to OEHS and to Environmental Operations (Facilities Management). Upon approval from these departments, the unit(s) may be ordered. The installation shall be coordinated with both OEHS and Environmental Operations (Facilities Management). Prior to use the unit will be tested by the installation contractor to ensure the unit is performing to industry standards and provide copies of certification to OEHS. No unit will be permitted to be used if it is not documented as functioning properly. Units which are not functional will be “tagged” as Out of Service, clearly indicating that it is not to be used as a chemical fume hood.

Definition of a Chemical Fume Hood

According to the American National Standards Institute and the American Industrial Hygiene Association (ANSI/AIHA), a chemical fume hood is defined as follows: “A chemical fume hood is a boxlike structure with one open side intended for placement on a table or bench…….The open side is provided with a sash or sashes that move vertically or horizontally to close the opening. Provisions are made for exhausting air from the top or back of the hood, and adjustable internal baffles are provided to obtain proper airflow distribution across the open face…”1. Any unit that does not meet this definition is not considered a chemical fume hood and is not to be used with hazardous materials that specify the use of a chemical fume hood.

Indications for Using A Chemical Fume Hood

Use of a chemical fume hood is indicated when work performed creates the potential for an exposure to the chemicals/materials being utilized that is above Occupational Safety & Health Administration’s (OSHA) permissible exposure limit (PEL) or the American Conference of Governmental Industrial Hygienist’s (ACGIH) threshold limit value-time weighted average (TLV-TWA), whichever is the lowest. An adequately operating chemical fume hood, together with good laboratory work practices will keep exposure of employees/students to hazardous chemicals below the Permissible exposure limits of OSHA, and the threshold limit values of the ACGIH. If there is ever any doubt as to whether either of these exposure levels will be exceeded, the work should be performed in a properly functioning chemical fume hood.

General Work Practices for Chemical Fume Hoods

The following are work practices that must be adhered to by all employees/students if proper hood performance is to be achieved. They should be posted in each room containing a chemical fume hood:

1. Know the hazard characteristics of the chemical with which you are working. If you are not sure check the chemical’s Material Safety Data Sheet (MSDS) or contact OEHS. Be sure to wear all personal protective equipment (e.g. safety goggles, lab coat, etc…). Chemical fume hoods are not intended to replace personal protective equipment.

2. Never lean into the hood as to allow your head to enter the plane of the hood face.

3. Do not allow equipment inside the hood to block airflow through the baffles.

4. Keep all materials inside the hood at least six (6) inches from the hood face; keep the hood sash closed when not in use.

5. Do not permanently store any chemicals, including flammable or combustible materials inside the hood; use only quantities which are necessary for performance of the days work, and return all flammable and combustible materials to approved storage cabinets.

6. Do not remove hood sash panels unless work to be performed does not involve any hazardous materials.

7. As much as is possible, keep the sash at a height so that the arrow on the sash meets the arrow on the frame. This is the height which provides optimum performance as reflected in testing by a certified testing contractor.

8. Never use a chemical fume hood that has been “tagged” indicating that it is not functioning properly and is Out Of Service.

9. Any employee or student who feels that a hood is not functioning properly should not use the hood and report the problem to OEHS.

10. All hoods should be spot-checked by the user prior to performing any work by placing a sheet of paper at the face of the hood. Movement of the paper inward towards the hood interior is an indication that the ventilation system to which the hood is attached is operational at the time.
Flow Alarms

Those hoods that are equipped with flow alarms will go into alarm if the face velocity deviates from one-hundred (100) linear feet per minute (LFPM), or if the fume hood “all on” system has been activated (purge mode). See Appendix A for guidance on how to interpret, operate and address the alarm messages.

Chemical Fume Hood Testing

All chemical fume hoods on campus will be tested on a routine basis. These tests will be conducted by an outside contractor who has documented experience in ventilation, air quality, and hood testing and balancing. The specifications used in this testing will be developed by OEHS. The contractor upon completion will provide OEHS with a written report on each hood. Any hoods not meeting specifications will be “tagged” by the contractor as Out of Service.

Test Conditions

Hood should be tested under the same conditions which they are actually used. Units should be emptied of all hazardous materials prior to testing and house only the supplies necessary for performance of the days’ experiments. If a large number of hoods are located in one laboratory with a common exhaust, all hoods should be activated at least thirty (30) minutes prior to obtain accurate results.

Acceptable Performance Standards

Under ideal conditions, chemical fume hoods should operate with an average face velocity of one-hundred (100) linear feet per minute (LFPM) at a sash opening of eighteen (18) inches. However, if the sash opening is at eighteen (18) inches, and the average face velocity is between eighty (80) to one-hundred sixty (160) LFPM, the hood performance shall be considered acceptable. The maximum acceptable sash height is set at eighteen (18) inches. Bring sash to mark on frame. Each hood shall be subjected to a “smoke-test”*

The average face velocity shall be determined by dividing the area face into between nine (9) and twelve (12) equal sections at a minimum sash height of eight (8) inches. Air velocity readings will be taken from each section and then the total number of readings obtained shall be averaged. The result shall be considered the average face velocity. The readings from each section of the hood face shall be within a twenty percent (20%) variability of one another.

All vertical hood sashes shall be marked with arrows to indicate the sash height necessary to obtain the best face velocity. Labels shall be affixed to all fume hoods indicating the most recent date of performance testing.
*Procedure for Smoke Test: Smoke test will consist of igniting a smoke generating device designed and approved for hood testing inside each hood as close to the face as possible. Visual observations will be made to ensure that any eddy currents present do not cause the smoke to escape beyond the face and into the breathing zone. Any unit that permits smoke to leave the hood interior shall be considered to have failed the smoke test and will be “tagged” Out of Service.

Hoods Found Not Functioning Properly

Any chemical fume hood found not to function in accordance with the above mentioned procedure will be brought to the attention of Environmental Operations (Facilities Management) via a work order. Each hood must demonstrate both an acceptable average face velocity and pass the smoke test in order to be considered functioning properly. If necessary, the hood or hoods in question will remain “tagged” Out of Service until the repairs or adjustments can be made. Upon completion, the hood shall be re-tested to verify proper performance.

Results of Testing

Results of testing are kept on file in the OEHS and Environmental Operations (Facilities Management). A summary of fume hood performance will be prepared by OEHS upon receipt of a written report. This summary will be forwarded to each respective department utilizing chemical fume hoods.

Hood Maintenance

The Environmental Operations (Facilities Management) is responsible for supervising and/or performing all maintenance and any modification connected with chemical fume hoods. They will notify each department of impending maintenance on their chemical fume hoods. All hazardous materials are to be removed and the hood decontaminated, if necessary, by each departmental user prior to any maintenance work being done. If the procedures require contact with parts that are unable to be decontaminated, then each worker shall utilize appropriate personal protective equipment (e.g. gloves, safety goggles, face shields, etc…). If an employee is unsure as to the type of personal protective equipment needed for a particular task, he/she should contact the Director of Environmental Health & Safety. Environmental Operations (Facilities Management) also performs preventive maintenance programs on a periodic basis to the hood ventilation system.

Revised December 2008
References


Appendix A

Flow Alarm Messages
Appendix A – Flow Alarm Messages

**Red Light**: “Alarm” or “Purge” do not use the fume hood

**If “Purge”**: push purge button the light should turn green and you can use the fume hood

**If “Alarm”**: Check if sash is more than 18 inch or if fume hood has been open for a long period of time. Close sash or set at 18 inches. If light stays red, call for service.

**Green Light**: “Norm” Use the fume hood. Set sash at the appropriate level as indicated by the Standard Operating Procedures issued by the Office of Environmental Health and Safety. SOP can be obtained at: www.csuohio.edu/offices/ehs/pp/pp08b.pdf

**Keep sash closed when the fume hood is not in use.**

Fume hood alarms are generated when a hood is unsafe to use and are released when the fume hood is safe to use. When the hood returns to the safe mode, the green led will light, and the audible alarm will silence.
APPENDIX F

New Experiment Proposal Form
New Experiment Proposal Form

Requesting Individual: ____________________ Date ____________

Department ____________________ Chairperson Authorization ____________________
(Must be signed to initiate review)

Experiment Name/Purpose: ____________________________

Class Name/Course Code ____________________________

Location (Building/Room#) ____________________________

List Step by Step procedures to perform experiment: (Attach separate sheet if needed)

_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

List all chemicals to be used:
☐ New Chemicals
☐ Existing Chemicals

(Attach MSDS Sheets if available)

_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Reviewed by: (Signature indicates approval)

_________________________________________ ____________
Departmental Chemical Hygiene Officer Date

_________________________________________ ____________
University Chemical Hygiene Officer Date
APPENDIX G

University Incident Report Form
Cleveland State University

Accident/Incident Report
(Applicable for Employees, Students, and Visitors)

Instructions for Report completion:

Complete the form in its entirety within 24 hours of the accident/incident occurrence and send it to Environmental Health and Safety, Plant Services Building. Phone: (216) 687-9306 Fax (216) 687-9346. PLEASE PRINT ALL INFORMATION.

IMPORTANT: All CSU Employees/Students/Visitors must sign the form, and also obtain their supervisor’s signature on the report form. Forward a copy of the completed form to Human Resources/Benefit Services Fax (216) 687-9334

Affected Individual’s Relationship to CSU (Check one):

□ Employee □ Student □ Visitor

Individual Identification

1. Date/Time of Accident/Incident ___________________________

2. Full Name_________________________________________________

3. Street Address_____________________________________________

4. City/State/Zip Code_________________________________________

5. Home Phone Number________________________________________

6. Work Phone Number________________________________________

7. Social Security Number______________________________________

8. Birth date________________________________________

CSU Employees Only:
Department______________________________ Campus Extension_______
Supervisor______________________________ Campus Extension_______
CSU ID#_________________________________ Supervisor Signature________________________
Accident/Incident Information

9. Location (Indoors – provide building/room # or area such as stairs, hallway et- Outdoors – describe area) ____________________________________________

10. Was person performing regular job duties at the time of the accident/incident? □ Yes □ No

11. Did injury occur? □ Yes □ No

12. Did loss of property occur? □ Yes □ No

13. Please describe details of accident/incident:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

14. If property damage occurred, please describe the loss as best as possible:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

15. Were there any witnesses? □ Yes □ No

16. Name, address and phone number of witnesses (if applicable):

____________________________________________________________________
17. If injury occurred, please indicate the portion of the body that was injured:

- Left
- Right
- Hand
- Finger(s)
- Arm
- Elbow
- Wrist
- Shoulder
- Neck
- Face
- Teeth
- Eye(s)
- Foot
- Toe(s)
- Leg
- Knee
- Ankle
- Head
- Ear(s)
- Nose
- Throat
- Lungs
- Abdomen
- Groin
- Lwr Back
- Mid Back
- Upr Back

18. Type of injury (cut, sprain, exposure, bruise, burn, etc.)

___________________________________________________________________________
___________________________________________________________________________

19. Did the accident/incident involve a slip, trip, or fall? □ Yes □ No

20. Did the accident/incident involve lifting? □ Yes □ No

21. If lifting was involved, please indicate approximate weight of material being lifted, and how high it was lifted? ________________________________

22. Is this type of work performed on a regular basis? □ Yes □ No

23. If injury occurred, did it appear immediately? □ Yes □ No

Information Regarding Medical Treatment/Missed Work Time

25. Were you treated by a physician? □ Yes □ No

If yes, Physician Name_______________________ Phone: _______________

Date(s) of Treatment__________________

26. Did you go to a hospital? □ Yes □ No
If yes, Hospital Name____________________________ Date_____________
Hospital Phone_______________________________

CSU EMPLOYEES: For medical attention, please contact the University Health Services (SR 153) at x3649 for an appointment that day. If at all possible, Health Services will address your need (but please do not just walk in). As an alternative, you may proceed to St. Vincent Charity Hospital Occupational Medicine Center (2322 East 22nd Street) during regular work hours for non-emergency matters. For emergency care, go to the St. Vincent Charity Hospital Emergency Room. Call Campus Police for an emergency transport.

27. Did you miss work? □ Yes □ No

Work Days/Time Missed____________________________
Return to Work Date____________________________

CSU EMPLOYEES: Please call Benefits Services at 3636 for Assistance

28. If injury occurred, is the injury an aggravation of an old injury? □ Yes □ No

Signature/Authorization

I certify that the information set forth above is true and correct to the best of my knowledge. By signing this form, I authorize any person(s) who did or who may hereafter provide medical attention, examination, or treatment, or who may possess information or knowledge which may be used to render a decision in my claim for injury/disease of__________(date), to disclose such information or knowledge to my employer and/or to any other agency contracted by my employer to investigate this health claim.

Employee/Student/Visitor (Print) Employee/Student/Visitor (Signature)
____________________________ ______________________________

Date_______________________

Revised, February 2012

Please pass these forms on to your Supervisor when finished
Cleveland State University

Accident/Investigation Report
(Applicable for Supervisors/Directors and Department Heads)

Instructions for Report completion:

This form is to be filled out and signed by either a Supervisor/Director and signed by the Department head. This form is a supplemental Report to go along with the Accident/Incident Report that is filled out by the injured person. Please fill it out to its entirety. IMPORTANT-This form is ONLY for your supervisor to fill out and for them only, and not the injured party to review or view. Please forward to EHS when finished.

Name______________________________

□ Employee
□ Student
□ Visitor

Department_________________________ Date/Time of Incident___________

Type of Injury/Illness_______________ Body Parts Affected____________

Witnesses: Name/Phone________________________________________________

Specific Job being performed at time of accident/incident

____________________________________________________________________

Explain what exactly occurred (person’s location, what he/she was doing, what occurrence resulted in accident/incident?)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What condition(s) existed, if any that may have resulted in the accident/incident?

____________________________________________________________________
Did Employee fail to perform an act that caused or contributed to the accident/incident? If yes, explain______________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

What action(s) have been taken or will be taken in the future to prevent recurrence:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Person responsible for corrective action:

______________________________________________________________

Proposed date of planned corrective action: __________________________

Supervisor’s Name________________________________ Date_________

Signature__________________________________

Department Head_________________________________ Date_________

Signature__________________________________

Director of Environmental Health and Safety Date_________

______________________________

Revised February 2012
APPENDIX H

Incident Investigation Form