

UNIVERSITY OF ARKANSAS  
CHEMICAL HYGIENE PLAN



OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY  
DEPARTMENT OF FACILITIES MANAGEMENT  
UNIVERSITY OF ARKANSAS

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## Purpose:

To document the requirements, roles, responsibilities and processes to comply with the US Occupational Safety and Health Administration's (OSHA) Occupational Exposure to Hazardous Chemicals in Laboratories standard (29 CFR 1910.1450), referred to as the Laboratory standard, which specifies the mandatory requirements of a Chemical Hygiene Plan (CHP) to protect laboratory workers from harm due to hazardous chemicals.

## APPLICABLE TO:

This Plan applies to all laboratories (including shops and studios) at the University of Arkansas Fayetteville where chemicals are stored or used.

## Key Regulatory and Policy Requirements:

- OSHA Occupational Exposure to Hazardous Chemicals in Laboratories (29 CFR 1910.1450)
- OSHA Personal Protective Equipment General Requirements (29 CFR 1910.132)
- OSHA Personal Protective Equipment Eye and Face Protection (29 CFR 1910.133)
- OSHA Personal Protective Equipment Respiratory Protection (29 CFR 1910.134)
- OSHA Personal Protective Equipment Hand Protection (29 CFR 1910.138)
- OSHA Medical Services and First Aid (29 CFR 1910.151(c))
- OSHA Access to Employee Exposure and Medical Records (29 CFR 1910.1020)
- NFPA 704: Standard System for the Identification of the Hazards of Materials for Emergency Response (2017)
- Resource Conservation and Recovery Act, 42 U.S.C. §6901 et seq. (1976)
- Arkansas Department of Pollution Control and Ecology (ADPC&E) Regulation 23
- Arkansas Hazardous Waste Management Act (Ark. Code, Ann Sects. 8-7-202 et seq.)
- Arkansas Public Employees' Chemical Right-to-Know Act (AR Code Sec. 8-7-1001 et seq.), enforced by the Arkansas Department of Labor
- U of A / VCFA / Fayetteville Policies and Procedures 727.2 – Toxic Substances Use on Campus
- U of A / VCFA / Fayetteville Policies and Procedures 209.0 – Hazardous Materials/Dangerous Goods Shipping and Transportation

## Definitions:

### Assistant Chemical Hygiene Officer (ACHO)

The University's appointed alternate EH&S representative responsible for ensuring the safe acquisition, handling, use and storage of all hazardous chemicals and waste in accordance with all applicable regulatory and policy requirements.

### Biological Safety Officer:

The University's appointed EH&S representative responsible for ensuring the safe acquisition, handling, use and storage of all hazardous biological agents and materials (or their products and derivatives) and waste in accordance with all applicable regulatory and policy requirements.

Chemical Abstracts Service (CAS) Number:

A unique numerical identifier assigned by the Chemical Abstracts Service (CAS) to every chemical substance described in the open scientific literature.

Chemical Hygiene Plan (CHP):

The University's written program stating the policies, procedures and responsibilities that protect all faculty, staff, students and visitors from the health hazards associated with the hazardous chemicals used in that particular workplace in accordance with OSHA's Occupational Exposure to Hazardous Chemicals in Laboratories standard.

Chemical Hygiene Officer (CHO):

The University's appointed EH&S representative responsible for ensuring the safe acquisition, handling, use and storage of all hazardous chemicals and waste in accordance with all applicable regulatory and policy requirements.

Chemical Storage Room:

Any room or space where any hazardous chemicals intended for Laboratory use are stored prior to, during and after being used in a Laboratory.

DEA Controlled Substance:

Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA). An updated and complete list of the schedules is published annually in Title 21 Code of Federal Regulations (C.F.R.) §§ 1308.11 through 1308.15. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused. All US Drug Enforcement Administration (DEA) Controlled Substances must be registered through the Office of Research Compliance (RSCP).

Department Chairperson or Director:

The University's appointed chair of a recognized department within a college or a staff director of a recognized administrative division or function.

Eating and Drinking:

Eating, drinking, smoking, applying cosmetics, adjusting contact lenses, taking/storing medicine, and other related activities. It also includes items and equipment used for storing, preparing and consuming food and beverages.

Office of Environmental Health & Safety (EH&S):

The University's designated organization responsible for promoting health, safety and environmental protection in teaching, research, occupational and administrative activities through leadership, technical support, programs, information and training, consultation, and periodic audits of environmental, health and safety practices and regulatory compliance.

#### Office of Research Compliance (RSCP):

A unit of the Office of the Vice Provost for Research and Economic Development responsible for assisting faculty, staff and students in complying with federal and state regulatory requirements for sponsored and unsponsored research and with the associated University policies.

#### Fume Hood:

A local exhaust device, the primary purpose of which is to protect laboratory workers from hazards of airborne chemical contaminants. Its secondary purpose is to protect people and property from fires and explosions. The fume hood must be used correctly for proper functioning to remove contaminants from the breathing area of the user.

#### Globally Harmonized System (GHS) of Classification and Labeling of Chemicals:

GHS defines and classifies the hazards of chemical products, communicating health and safety information via labels and Safety Data Sheets (SDS's). The goal is that the same set of rules for classifying hazards and the same format and content for labels and SDS's will be adopted and used throughout the world.

#### Laboratory:

Any facility, shop, room or space where the "Laboratory Use of Hazardous Chemicals" occurs. It is a workplace where relatively small quantities of hazardous chemicals are used on a non-production basis.

#### Laboratory Safety Audit:

Regular planned and unplanned audits of the Laboratory and Chemical Storage Rooms by the Laboratory Safety Coordinator on behalf of the Chemical Hygiene Officer to assess compliance with this CHP.

#### Laboratory Relocation and/or Closure:

The planning and physical relocation of all or part of an existing Laboratory to a different physical space that is, was or never was a Laboratory prior to the relocation and/or the planning and execution of closing all or part of an existing Laboratory.

#### Laboratory Manager:

Principal Investigator or a qualified Classified/Non-Classified appointed employee with the knowledge, authority and presence to administer and execute the requirements of this Chemical Hygiene Plan (CHP) on a day to day basis who has been assigned by his or her Department Chairperson or Director with overall responsibility and accountability for chemical hygiene in the lab spaces shared by PI's. A graduate student or postdoctoral associate may not be assigned as a Laboratory Manager.

While the Laboratory Manager cannot delegate accountability for compliance with the Chemical Hygiene Plan, they may seek assistance and assign to other Principle Investigators, postdoctoral associates, or graduate assistants' day to day laboratory safety requirements defined in the Chemical Hygiene Plan.

### Laboratory Safety Coordinator:

The EH&S representative assigned to support the PI/Laboratory Manager and Laboratory Workers with respect to laboratory safety and compliance as well as execute Laboratory Safety Audits and Laboratory Safety Reviews.

### Laboratory Worker:

Any individual faculty, staff, student or guest who observes, supports or performs chemical procedures in a laboratory and who may be exposed to hazardous chemicals in the course of his or her assignments.

### Laboratory Use of Hazardous Chemicals:

Handling or use of such chemicals in which all of the following conditions are met:

- Chemical manipulations are carried out on a "laboratory scale."
- Multiple chemical procedures or chemicals are used.
- The procedures involved are not part of a production process, nor in any way simulate a production process.
- "Protective laboratory practices and equipment" are available and in common use to minimize the potential for an individual's exposure to hazardous chemicals.

### National Fire Protection Association (NFPA):

The National Fire Protection Association (NFPA) is a global nonprofit organization, established in 1896, devoted to eliminating death, injury, property and economic loss due to fire, electrical and related hazards through the development of consensus codes and standards.

### Notice of Noncompliance:

A formally documented record of any violations of the CHP discovered during any scheduled or unscheduled Laboratory Audit or Review by the Laboratory Safety Coordinator which shall include, at a minimum, the date, location and items of noncompliance and the required corrective actions and due dates to complete the corrective actions.

### Particularly Hazardous Substance:

A category of substances, based on their potential to cause harm, for which OSHA requires the employer to make provisions for additional employee protection. These provisions will be addressed in a laboratory/research specific SOP.

### Personal Protective Equipment (PPE):

Protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by protective equipment include physical, electrical, thermal, chemical, biohazard and airborne particulate matter.

### Principal Investigator:

The primary faculty researcher or instructor (generally an appointed employee) who has the appropriate level of authority, education, expertise and responsibility to direct funded, unfunded research or teaching programs in a Laboratory.

### Radiation Safety Officer (RSO):

The University's appointed EH&S representative responsible for ensuring the safe acquisition, handling, use and storage of all radioactive materials and waste in accordance with all applicable regulatory, policy and licensing requirements.

### Safety Data Sheet (SDS):

Required by the Hazard Communication Standard (HCS), Safety Data Sheets (SDS's) provide comprehensive information about a substance or mixture for use in workplace chemical management and communicate the hazards of hazardous chemical products.

### Secondary Containment:

Physical containment that is external to and separate from the primary containment. Secondary containers should be made of material compatible with the substances stored and with sufficient capacity to contain 10% of the volume of the sum of the individual containers or the volume of the largest container, whichever is greater.

### Toxic Substances Committee (TSC):

Appointed by the Provost, the Toxic Substances Committee recommends policies for the use, storage and disposal of toxic substances and monitors implementation of and compliance with this Chemical Hygiene Plan.

## **Roles and Responsibilities:**

### University Chancellor:

Appoints the University's Chemical Hygiene Officer (CHO) and delegates to the CHO the authority for ensuring the safe acquisition, handling, use and storage of all hazardous chemicals and waste in accordance with all applicable regulatory and policy requirements. This authority includes but, is not limited to the authority to stop, with or without prior notice, any operation or activity and secure the immediate area when, in the opinion of the CHO, the health and safety of individuals may be compromised or, when there is significant failure to comply with the Chemical Hygiene Plan (CHP), UA policies or, state or federal regulations.

### Office of the Provost:

Appoints the members of the Toxic Substances Committee (TSC). Receives any recommendation to implement any changes regarding the description, duties or composition of the committee and distributes the recommended changes to all the vice chancellors who appoint committees, to the head of the office advised by the committee (if there is one) and to the committee chair for comments. Following receipt of a recommendation, the provost will submit to the chancellor for approval or modification and will implement and promulgate.

### Chemical Hygiene Officer (CHO):

The responsibilities of the CHO include, but are not limited to, the following:

- Establishes, maintains, and annually updates this Chemical Hygiene Plan (CHP).

- Creates and revises safety rules and regulations.
- Monitors procurement, use, storage and disposal of chemicals.
- Collects hazardous waste for disposal.
- Oversees audits and reviews of laboratories, preparation rooms and chemical storage rooms; and ensures detailed laboratory survey reports are sent to the PI/Laboratory Manager and the Manager, Environmental Health & Safety.
- Maintains audit, personnel training and inventory records.
- Assists PIs/Laboratory Managers in developing and maintaining safe and compliant facilities.
- Seeks ways to improve the chemical hygiene program.

#### Manager, Environmental Health & Safety

The responsibilities of the Manager, Environmental Health & Safety (EH&S) include, but are not limited to, the following:

- Implements this Chemical Hygiene Plan (CHP).
- Completes a formal review and update (as required) of this CHP, no less than annually.
- Manages and supervises the CHO's fulfillment of his or her obligations under this CHP.
- Reviews all accidents, investigation reports and preventive measures.
- Reviews all laboratory audit reports for violations and ensures that corrective actions are implemented or escalated as required.
- Authorizes the issuance of a Notice of Noncompliance if applicable.
- Manages the 90-day hazardous waste accumulation facilities.

#### Department Chairperson or Director

The responsibilities of the Department Chairperson or Director include, but are not limited to, the following:

- Assumes responsibility for personnel engaged in the laboratory use of hazardous chemicals.
- Manages and supervises the PI's/Laboratory Manager's fulfillment of his or her obligations under this CHP.
- Provides the chemical hygiene officer (CHO) with the support necessary to implement and maintain the CHP.
- After receipt of any Laboratory Audit or Review Notice of Noncompliance from the Laboratory Safety Coordinator, meets with applicable PI/Laboratory Manager to discuss cited violations and to ensure timely actions to correct all noted deficiencies.
- Provides budgetary arrangements to ensure the health and safety of Laboratory Workers and visitors.
- Assigns a qualified and knowledgeable individual to each Laboratory as the Laboratory Manager (as defined in this CHP) accountable for day to day chemical hygiene in the laboratory and for compliance with the Chemical Hygiene Plan in his or her laboratory.



### Principal Investigator (PI)

The responsibilities of the PI include, but are not limited to, the following:

- Ensures laboratory personnel under their supervision know and follow the guidelines and requirements contained within the CHP and laboratory specific SOPs and that they obtain and maintain all required EH&S training.
- Identifies hazardous conditions or operations in the laboratory and establishes SOPs and performs hazard assessments to effectively control or reduce all hazards.
- Applies appropriate measures to control identified hazards, including consistent and proper use of engineering controls, administrative controls, and personal protective equipment.
- Determines if particularly hazardous substances are being, or are planned on being used, and obtains approval from the Toxic Substances Committee prior to use.
- Completes a laboratory specific standard operating procedure and provides training for each particularly hazardous substance being used.
- Maintains written records of lab-specific training.
- Ensures laboratory personnel have adequate knowledge, information and training to recognize and control hazards in the laboratory.
- Informs laboratory personnel of the signs and symptoms associated with exposures to hazardous chemicals used in their laboratory and possible other hazardous conditions (e.g., fire/explosion) that could arise with the use (e.g., mixing, grinding, heating) of the chemical.
- Keeps the Department Chairperson and the Chemical Hygiene Officer informed of plans for renovations or new laboratory construction projects.
- Ensures that all items identified during the annual EH&S laboratory compliance audit are corrected in a timely manner.
- Ensures that all individuals working under his/her direction are informed and familiar with the location of all emergency equipment, routes of egress, and the specific safety rules and requirements for each applicable lab.
- Keeps the chemical inventory updated.
- If the sole user of a laboratory, also ensures the duties listed below for Laboratory Manager are met.

### Laboratory Manager

The responsibilities of the Laboratory Manager include, but are not limited to, the following:

- Ensures that Laboratory Workers comply with this CHP and do not operate equipment or handle hazardous chemicals without proper training and authorization.
- Establishes any Laboratory unique training and ensures that Laboratory Workers have been trained consistent with the requirements of this CHP and all other related and required University and EH&S training at the applicable intervals.
- Maintains accurate and timely chemical inventory records at all times and provides updates to the Office of Environmental Health & Safety in accordance with their record keeping standards.
- Maintains accurate and timely Safety Data Sheets (SDS's) readily available in the Laboratory to communicate the hazards of hazardous chemical products.
- Identifies and posts all laboratory hazards.

- Always wears personal protective equipment (PPE) that is compatible to the degree of hazard of the chemical(s) being used.
- Sets an example by following all pertinent Laboratory Standard Operating Procedures when working in the laboratory.
- Reviews laboratory procedures for potential safety problems before authorizing use by other laboratory personnel.
- Ensures that visitors follow the Laboratory Standard Operating Procedures and assumes responsibility for laboratory visitors.
- Ensures that PPE is available and properly used by each Laboratory Worker and visitor.
- Maintains and implements safe laboratory practices.
- Ensures that specific operating procedures for handling and disposing of hazardous substances used in their laboratories are written, communicated, and followed and ensures laboratory personnel have been trained in these operating procedures and use proper control measures.
- Provides regular, formal chemical hygiene and housekeeping inspections, including routine inspections of emergency equipment.
- Ensures that all items identified during annual EH&S laboratory compliance audit are corrected in a timely manner.
- Ensures that all incidents and near misses occurring in their laboratories are reported to their Director or Department Chairperson and that a written Injury/Illness report is filed with EH&S for each incident.
- Monitors the facilities and the fume hoods to ensure that they are maintained and function properly. Contacts the appropriate person, as designated by the department chairperson, to report problems with the facilities or the fume hoods.
- Informs facilities personnel, other non-laboratory personnel, and any outside contractors of potential lab-related hazards and how to mitigate these hazards when they are required to work in the laboratory environment.
- Ensures laboratory equipment is appropriately decontaminated prior to any maintenance or disposal of the equipment.

### Laboratory Worker

The responsibilities of the Laboratory Worker include, but are not limited to, the following:

- Reads, understands and follows all applicable elements of this CHP.
- Reads, understands, and follows all Laboratory Standard Operating Procedures and any Laboratory specific rules that apply to the work area.
- Plans and conducts each operation in accordance with the institutional chemical hygiene procedures.
- Promotes good housekeeping practices in the laboratory or work area.
- Notifies the PI/Laboratory Manager or the CHO of any hazardous conditions or unsafe work practices in the work area.
- Informs laboratory coworkers of special hazards of materials they may encounter in the lab but are not personally using and for which the user of that material is the most knowledgeable.
- Uses PPE as appropriate for each procedure that involves hazardous chemicals.

- Completes all required training assigned by the PI/Laboratory Manager and/or the CHO

#### Toxic Substances Committee (TSC):

The responsibilities of the Toxic Substances Committee (TSC) include, but are not limited to, the following:

- Meets on a regular basis to recommend policies for the use, storage and disposal of toxic substances and monitors the application of the policies for compliance with this CHP.
- Prior to the acquisition, receipt, storage or use of any Particularly Hazardous Substances, reviews and approves the laboratory/research specific SOP.
- Reviews the CHP annually and disseminates any changes back to the respective departments and colleges.
- Submits committee recommendations to implement any changes regarding the description, duties or composition of the committee to the Office of the Provost.

#### **Laboratory Standard Operating Procedures (SOP):**

The PI/Laboratory Manager (as defined in this CHP), with support as needed from the [CHO](#), is responsible for the day to day application of and compliance with the following SOP's:

#### CHEMICAL HYGIENE PLAN (CHP):

- This CHP shall be readily available (i.e., posted in an envelope on the outside of the laboratory door) in the Laboratory Facility to all PI's/Laboratory Managers, Laboratory Workers and visitors.

#### LABORATORY FACILITY (as defined in this CHP):

- Perimeter doors shall be kept closed at all times.
- All laboratory hazards shall be properly posted in the Laboratory in accordance with applicable guidelines and standards.
- Safety Data Sheets (SDS's) (formerly known as Material Safety Data Sheets or MSDS's) for all applicable chemicals shall be readily available in the Laboratory.
- Work surfaces and floors shall be kept clean and free of obstacles and trip hazards.
- Open containers of chemicals shall not be left unattended.
- Work surfaces, cabinets, hoods and other equipment shall not be modified from their intended use without prior approval from the [CHO](#).
- Personal protective equipment (PPE) including, but not limited to, a lab coat or other protective clothing, safety glasses, and closed-toe shoes are required for anyone in the Laboratory.
- No solitary work is permitted in the Laboratory without prior authorization. A "buddy system" shall be used unless written permission is provided in advance by the PI/Laboratory Manager.
- Undergraduates must be supervised in the lab at all times by a Lead Investigator, PI/Laboratory Manager, or experienced graduate student assigned by the PI/Laboratory Manager.
- Laboratory use of hazardous chemicals that will be left unattended must have prior written approval from the PI/Laboratory Manager.
- Pipetting by mouth suction is strictly prohibited.

- Eating, drinking, smoking, or the application of a cosmetic (as defined by the Federal Food, Drug and Cosmetic Act [FD&C Act, sec. 201(i)]) are strictly prohibited in the Laboratory. Food and drink products, materials, containers and utensils are not allowed inside the Laboratory.
- Laboratories using sharps are required to have a puncture proof container for the disposal of sharps and syringes.
- Broken glass should be disposed of in a separate impervious container with a lid.

#### FUME HOODS (as defined in this CHP):

- Chemicals that may generate contaminants near or above exposure limits or are characterized as being particularly hazardous, must be used in an appropriate fume hood.
- Do not have sources of ignition inside the hood when flammable liquids or gases are present.
- Visually inspect the device (and flow monitor) daily or before each use.
- Keep all items a minimum of 6 inches back from the front edge of the hood to avoid blocking the airflow path.
- Keep slot openings at the back of the hood free from blockage with large objects or numerous containers.
- Elevate large objects 2 inches off the floor of the hood so air can pass under the object and out the back slots in the hood.
- Close the sash when the hood is not in use.
- During hood use, lower the sash to the sash arrow sticker, below the chin and more if possible. Lower and use the sash as a safety shield when working with reactive materials or materials that may splatter.
- Do not store chemicals in hoods.
- Procedures involving the heating of perchloric acid or the use of perchloric acid greater than 72% concentration must be performed in specially design perchloric acid fume hood with the face velocity at least 100 fpm
- **DO NOT** heat any concentration of perchloric acid in a conventional laboratory fume hood.

### Chemical Procurement:

All chemicals must be purchased through approved and licensed vendors. The University holds contracts with several vendors ([Vendor List](#)) for specific chemicals and those vendors must be used when possible. **Procurement of extremely toxic, pyrophoric, and unstable chemicals require EH&S written approval prior to procuring the chemical. At the CHO's discretion, toxic, pyrophoric and unstable chemicals may be secured or removed from a Laboratory if deemed necessary to ensure public health and safety. The PI/Laboratory Manager will be immediately notified of this action.**

PIs/Laboratory Managers should review hazards of the chemical prior to ordering to assure there are appropriate controls available to safely work with it before purchase. Many materials require special authorization to purchase, use, and store. Include these ordering procedures as part of your process planning to increase laboratory safety, decrease procurement delays, and reduce potential regulatory deficiencies.

- Obtain any necessary permits, licenses or registrations prior to ordering. Examples include [DEA Controlled Substances](#); these require DEA registration for purchase. Some DEA-listed

chemicals that are not controlled substances will require a signature by a departmental authority on the chemical vendor's forms as part of the purchasing process. All DEA Controlled Substances must be registered through the Office of Research Compliance (RSCP).

- Before ordering chemical materials (see applicable policies and procedures for biological or radiological materials), carefully plan and outline specific safety precautions in an SOP approved by the PI/Laboratory Manager, especially if the material is a Particularly Hazardous Substance. A SOP that includes use of a Particularly Hazardous Substance requires prior approval by the Toxic Substances Committee.
- Wherever possible, look for substitutions of less hazardous chemicals.
- Check the US Department of Homeland Security (DHS) Chemicals-of-Interest (COI) list ([COI List](#)) for the appearance of the chemical. Contact the [CHO](#) prior to ordering COI's to determine if there are any DHS requirements that can affect your lab or building for chemicals at or above DHS reportable quantities.
- Order only those materials for which adequate safety equipment is available.
- Order the minimum quantity of chemical, biological and radiological materials required. Excess material often leads to future safety issues.
- Prepare the laboratory prior to receipt of the substance (i.e., establish a storage location, post appropriate signage, obtain necessary personal protective equipment, etc.).

## Particularly Hazardous Substances:

OSHA's Occupational Exposure to Hazardous Chemicals in Laboratories Standard (29 CFR 1910.1450) defines particularly hazardous substances as including select carcinogens, reproductive toxins, and chemicals with high acute toxicity. In addition, reactive materials, severe irritants and sensitizers are viewed as high risk chemicals and will be considered as particularly hazardous chemicals under this CHP. OSHA requires provisions for additional employee protection for work with particularly hazardous substances.

Chemicals meeting the criteria in the following tables are considered particularly hazardous and use of any of the chemical(s) will require a laboratory/research specific SOP(s) approved in advance by the Toxic Substances Committee. In addition, laboratory/SOP specific training will be required to be completed and documented by the PI/Laboratory Manager. The GHS criteria for specific chemicals is located on the GHS compliant SDS. If GHS data is not available, chemical property on SDS/MSDS can be compared to the respective GHS criteria. Contact EH&S for assistance in characterizing chemicals and developing the laboratory/research specific SOP and training.

Particularly Hazardous Substances		
Hazard Classification	Criteria	Examples
Carcinogens	OSHA Designated Carcinogen <a href="https://www.osha.gov/SLTC/carcinogens/standards.html">https://www.osha.gov/SLTC/carcinogens/standards.html</a>	Benzidine, Ethyleneimine, Formaldehyde

Particularly Hazardous Substances		
Hazard Classification	Criteria	Examples
	Listed by NTP as a known to be a human carcinogen <a href="https://ntp.niehs.nih.gov/index.cfm">https://ntp.niehs.nih.gov/index.cfm</a>	2,3,7,8-Tetrachlorodibenzo-p-dioxin, Cyclosporin A, Tamoxifen
	IARC Group 1 <a href="http://monographs.iarc.fr/ENG/Classification/">http://monographs.iarc.fr/ENG/Classification/</a>	Arsine, Cadmium, Gallium arsenide, Nickel carbonyl
	GHS Carcinogenicity Category 1A or 1B	Vinyl chloride, Ethylene oxide, Dimethyl sulfate, Acrylonitrile, Ammonium dichromate, Benzene
	GHS Category 2 and IARC Group 2 (A and B), and NTP (Reasonably Anticipated to be a Human Carcinogen)	Chloroform, Dioxane, Hydrazine hydrate
	Chemicals known to induce cancer in animals	Azoxymethane
Explosive and Reactive Chemicals	Explosives (GHS category 1.1-1.3)	Lead trinitroresorcinate, Tetrazene
	In contact with water releases flammable gas (GHS category 1 or 2)	Diethylzinc, Trimethylaluminum
	Oxidizing liquid or solid (GHS category 1 or NFPA Class 4)	Ammonium permanganate, Perchloric acid, Tetranitromethane
	Pyrophoric liquid or solid (GHS category 1)	Diphenylphosphine, Phenylphosphine, Trimethylaluminum
	Self-reactive or organic peroxides (GHS category Type A or B)	2-Butanone peroxide, Benzoyl peroxide
	Self-heating (GHS category 1)	Potassium methoxide, Sodium hydrosulfite, Cobalt carbonyl
Mutagens	GHS category 1A or 1B	Bleomycin (Sulfate), Bromodeoxyuridine (BRDU), Ethylene Oxide, Thalidomide
Reproductive Toxins	GHS category 1A or 1B	Ammonium dichromate, Boric anhydride, Thalidomide
Toxics and Toxins	Acute toxicity by inhalation or dermal exposure (GHS category 1 or 2)	Aldrin, Benzyl chloride, Brucine, Dieldrin, Mercury(II) oxide, Phosgene, Sodium Cyanide, Tetrodotoxin

Particularly Hazardous Substances		
Hazard Classification	Criteria	Examples
	Acute toxicity by oral exposure (GHS Category 1)	Diisopropylfluorophosphate, Hydrogen cyanide
	Specific target organ toxicity, single exposure (GHS category 1)	Urethane
	Respiratory or skin sensitization (GHS category 1A)	Acrylonitrile, Ammonium dichromate, Atrazine, Isocyanates, Picric acid, Urethane,

## Chemical Storage:

- Designate a safe storage location for each chemical. Do not store hazardous materials and hazardous wastes together.
- Chemicals shall be labeled at a minimum with chemical name, CAS #, date received and date opened dates, and appropriate hazards (NFPA 704 ratings).
- Stored chemicals should be examined at least once a semester for expiration date, deterioration, and container integrity.
- Stockrooms and storerooms should not be used as preparation or repackaging areas.
- Always store chemicals by recommended compatible storage group. **Alphabetical storage is only used within a compatible storage group, never as a chemical storage plan.**
- When determining how to store the chemical, always check the chemical label and SDS first for the manufacturer's recommended compatible storage.
- Keep chemicals away from ignition sources. Store flammable and combustible chemicals in an approved flammable chemicals storage cabinet.
- Avoid storing chemicals in direct sunlight or near a localized heat source.
- Store flammable and potentially explosive chemicals according to the manufacturer's directions or according to SDS instructions.
- Use secondary containers to physically segregate incompatible chemicals when they are stored in the same physical location.
- Label and date chemical containers when received and opened.
- Label working solutions or chemicals removed from their original container so that all individuals know what is in a given container.
- Maintain chemical identification labels, containers, and lids in good condition.
- Keep chemical containers closed with properly fitted caps when not in use.
- Hazardous chemicals must not be stored above shoulder height.
- Do not store stock chemical supplies in a fume hood. This interferes with proper hood airflow and can provide fuel if there is a fire within the fume hood. Flammable chemicals should not be stored in a fume hood.
- Chemicals should never be stored on the floor without secondary containment.
- Chemical shelving should have containment lips or trays to contain small leaks/spills.
- Chemical cabinets should have a leak proof door sill.



- Gas cylinders must be secured. Compressed gas cylinders should be strapped to the wall. Oxidized gases such as oxygen shall be stored far away from flammable liquids, gases, and metals. Flammable gases should be separated from oxidizers and oxidizing gases by a one-hour fire wall or a distance of 8 meters.

## Chemical Handling:

Use appropriate PPE, precautions, and SDS SOPs for each chemical being used. Always choose the more stringent guidelines when presented with multiple recommendations. Check the individual SDS for each chemical for more details.

## Chemical Inventory:

The University of Arkansas maintains an online chemical inventory system to facilitate federal and state regulatory reporting (e.g., Department of Homeland Security; EPA Tier II, Right To Know, etc.). Chemical inventories must be updated annually by the PI/Laboratory Manager or whenever a significant change in the inventory occurs. At a minimum the inventory must include the chemical name (chemical symbols or abbreviations are not acceptable), CAS #, quantity, NFPA 704 ratings, location of chemical within the lab, the manufacturer information (name, address, and phone number), the date received, and the date the chemical was first opened.

A copy of the current chemical inventory (displaying all Particularly Hazardous Substances) shall be posted outside the entry door to the Laboratory.

## Transporting Chemicals:

Contact [EH&S](#) for specific chemical transportation instructions within a building, between adjacent buildings and when vehicles are required to transport the chemicals. In most situations, EH&S will transport the chemicals. **No chemicals shall be transported in personal vehicles.**

## Collection and Storage of Waste:

Waste accumulation areas in laboratories are considered to be Satellite Accumulation Areas of the University's 90-day hazardous waste accumulation and storage area, and are strictly regulated by the [Arkansas Department of Environmental Quality](#) (ADEQ).

Each laboratory generating hazardous waste must designate an appropriate area as a Satellite Accumulation Area and must label the area as such (labels available from EH&S). Waste accumulation must be restricted and limited to these areas, and not stored in any other area in the Laboratory. The location of the satellite accumulation area must not be changed without prior notification to EH&S and approval of the Chemical Hygiene Officer.

Waste Accumulation Containers: All hazardous waste accumulation containers must be specifically labeled with the words "HAZARDOUS WASTE" and with the identity of the contents. The names of the chemicals must be spelled out – Chemical symbols or abbreviations are not acceptable. When the container is full, it must be labeled with the final fill date and EH&S must be notified, so that the container may be picked up and placed in the 90-day accumulation facility within three days of being full. It is important to remember to leave sufficient head-space in filled waste containers to avoid breakage due to excess pressure.



### Hazardous Waste Accumulation Guidelines:

- Contact the University's Chemical Hygiene Officer ([CHO](#)) to determine the best location for your Satellite Accumulation Area.
- Place approved signage to indicate the location of the approved Satellite Waste Accumulation Area.
- Store all waste in containers made of a compatible material. The container should be inspected frequently and not used repeatedly to store hazardous waste.
- Wastes must be stored with appropriate secondary containment.
- All waste containers must have tightly fitting caps and be kept closed. Do NOT leave funnel in container mouth.
- Place approved waste disposable label on waste container. Stickers may be requested through the Environmental Health and Safety office. Chemical waste will not be picked up unless the waste container is labeled appropriately.
- Leave head space for the expansion of gas in bottle, approximately 20% of the container should be empty.
- Be familiar with the waste pick-up request process. The hazard waste pickup shall be requested through the Environmental Health and Safety website
- Hazardous waste must be picked up within 3 working days from when the container is declared full and dated as full.
- No more than 55 gallons of hazardous waste can be stored in a satellite accumulation area or over 1 quart of P-listed waste (as found in the Environmental Protection Agency standard 40 CFR 261.33).
- Dispose of empty chemical bottle appropriately by:
  - Ensuring the container is empty (Arkansas Code 23 Section 261.7)
  - Using the SDS to determine whether the hazardous material once held has any restrictions for disposal of the empty container.
  - Confirming the empty container did not contain a P-listed waste and if it did contain a P-listed waste, the container itself must be disposed as hazardous waste.
  - Ensuring the container is empty.
  - Defacing or removing the label of the empty container.
  - Removing any cap that may cause the container to become pressurized when compacting.
  - Disposing of non-P listed containers in the dumpster. Do not dispose of the container(s) in regular trash bins.

The improper disposal of empty chemical containers may result in bodily injury as well as trash fires. Please remember that although chemical residues may be non-hazardous by themselves, they may mix with incompatible residues in a trash can or dumpster causing fire. In addition, sealed containers may become pressurized during compaction, which may result in residues spraying from the truck onto workers.

### **Laboratory Safety Audits:**

The Laboratory Safety Program conducts annual safety audits of each laboratory on campus. The purpose of the audit is to identify potential hazards, and facilitate compliance with the safety policies and regulations that affect laboratory environments such as the federal OSHA Laboratory Safety Standard.

The EH&S Laboratory Safety Coordinators are “in-house inspectors” who look for the same health and safety issues as would regulating agencies visiting our campuses, their primary role is to partner with the PI/Laboratory Manager and assist in keeping the Laboratory compliant at all times.

Each lab is assessed for chemical and physical hazards. The [Laboratory Safety Coordinator](#) should be escorted through the lab(s) by the PI/Laboratory Manager if possible. If deficiencies should exist, they will be pointed out and clearly identified during the audit. Deficiencies are noted and corrective action is explained to PI/Laboratory Manager.

Following the audit, a summary letter and a Notice of Non-Compliance (with corrective actions) form is sent to the PI/Laboratory Manager and the Department Chairperson or Director with a corrective action deadline of two weeks. The [Laboratory Safety Coordinator](#) should be notified when the required corrective actions have been completed.

If no acknowledgement is received within the given deadline after issuance of the audit letter and Notice of Non-Compliance, a reminder is sent to the PI/Laboratory Manager. Failure to respond to the reminder within 5 days will be reported to Department Chairperson or Director and the Office of the Provost.

While the [Laboratory Safety Coordinator](#) will work with the PI/Laboratory Manager to correct deficiencies in a timely manner, the following non-compliance issues will be reported to the Department Chairperson or Director and the Office of the Provost:

- Failure to respond to deficiencies.
- Repeat willful violations of UARK safety policies.

## Laboratory Safety Reviews:

Lab Safety Reviews (LSR) are unannounced walkthroughs of lab spaces by Lab Safety Coordinators to assess safety issues.

### Frequency:

A Laboratory can generally expect one unannounced LSR per year. The Laboratory Safety Coordinator conducts LSRs approximately at the midpoint between one annual lab safety audit and the next. The Laboratory Safety Coordinator may conduct additional LSRs if multiple issues of concern are found or if requested to do so by the lab.

### Preparation/Scheduling and the Laboratory Safety Review Visit:

No preparation by the Laboratory is needed for Lab Safety Reviews. PIs/Laboratory Managers are not required to escort the Laboratory Safety Coordinator during the LSR. The Laboratory Safety Coordinator will notify a Laboratory Worker when entering the lab and will report any safety observations to that team member before leaving the lab. Other than this contact with Laboratory staff, Laboratory Workers are not expected to be present to answer questions or to escort the Laboratory Safety Coordinator through the Laboratory during the LSR.

### Follow-up:

Results of the Lab Safety Review will be sent to the PI/Laboratory Manager with the expectation that any issues of concern observed on the Lab Safety Review notification be promptly corrected.

## **Exposure Assessment and Medical Services:**

### Exposure Assessments:

The purpose of an assessment is to determine if there was an exposure that might have caused harm to a Laboratory Worker and to identify the chemical(s) involved. Exposure assessments may include interviews with the affected individual(s) and laboratory staff, air monitoring, evaluation of laboratory controls and protective equipment, and medical consultation and examination. If overexposure is suspected, consult the applicable SDS for guidance or seek immediate medical help.

When to suspect overexposure:

- If a Laboratory occupant or visitor manifests symptoms such as headache, rash, nausea, coughing, tearing, irritation or redness of the eyes, irritation of the nose or throat, dizziness, loss of motor dexterity or judgment, etc. and:
  - Some or all of the symptoms disappear when they are removed from the exposure area
  - The symptoms reappear soon after they return to the work location with the same hazardous chemicals
- Two or more persons in the same Laboratory have similar complaints
- A hazardous chemical leaked, spilled or was otherwise rapidly released in an uncontrolled manner
- A Laboratory Worker had direct skin or eye contact with a hazardous chemical

Note: Odor is not a means of determining exposure levels. If there is reason to suspect that a chemical exposure limit has been exceeded notify the lab supervisor whether or not a suspicious odor is involved.

### Air Monitoring:

Contact [Environmental Health & Safety](#) to request air monitoring to evaluate chemical exposures. Upon completion of monitoring, Laboratory occupants must be notified of results in writing either individually or by posting, within 15 business days, of the receipt of results. Records of monitoring results and occupant notification must be kept, transferred, and made available in accordance with OSHA Access to Employee Exposure and Medical Records (29 CFR 1910.1020). If exposures are found to be over legal limits further action will be required.

### Medical Services:

Medical services may consist of a medical consultation, examination, or emergency services.

Acute signs and symptoms associated with exposure to hazardous chemicals can be found in the specific chemical's SDS. **In an emergency situation, call 911.**

When assessment results indicate that an individual may have been exposed to a hazardous chemical, the individual should obtain a medical consultation from the Pat Walker Health Center. Consultations and examinations must be under the direct supervision of a licensed physician. The PI/Laboratory Manager or department representative must inform the physician of the identity of the chemical, the conditions of the exposure, and the individual's symptoms. A written opinion must be obtained from the physician. It must be maintained as a part of the affected individual's record and made readily available to the individual and upon request to his/her designated representative. The written opinion must not reveal findings unrelated to occupational exposure.

The written opinion must include:

- Follow-up recommendations.
- Exam and test results.
- Any medical condition found as a result of the exam that may place the individual at an increased risk as a result of hazardous chemical exposure.
- A statement that the individual has been informed by the physician of the results of the consultation.

Any event involving workplace injuries must also be reported directly to Risk Management by following the appropriate procedure for filing workers' compensation claims.

#### Exposure and Medical Records:

Records of monitoring measurements or any medical baseline, consultation or examination, including tests or written opinions, must be kept, transferred and made available in accordance with OSHA Access to Employee Exposure and Medical Records (29 CFR 1910.1020).

### Signs:

The PI/Laboratory Manager shall ensure that signs of the following types are posted at each Laboratory:

- Emergency telephone numbers of emergency personnel/facilities, supervisors, and laboratory workers
- Location signs for safety showers, eyewash stations, other safety and first aid equipment, and exits
- Warnings at areas or equipment where special or unusual hazards exist

The readily visible/available minimum signage and information required at each Laboratory includes:

- A current Arkansas Department of Labor Chemical Right to Know poster inside the Laboratory and readily accessible to all occupants and visitors
- An EH&S-provided yellow caution sign with appropriate hazard stickers and Laboratory emergency contact/phone number information (contact your Laboratory Safety Coordinator for signs and stickers), to be displayed on the entry door
- A Laboratory emergency contact/phone number information list at each phone inside the Laboratory and on the outside of the entry door
- SDS location

- Spill kit location

## Spills and Accidents :

All labs shall contain a chemical spill kit compatible with the volume/level of hazards in the Laboratory (contact the [Laboratory Safety Coordinator](#) for technical support). All PIs/Laboratory Managers and Laboratory Workers shall be familiar with the lab chemical spill response procedures.

Small spills include spills that can be cleaned up by lab personnel without putting themselves or others in danger. If the spill presents no fire hazard and the material is not particularly volatile or toxic, cleanup is directed by the volume and state of material.

- Alert people in the area. Avoid breathing vapors and try to determine what spilled.
- If someone has been splashed with chemicals, immediately flush the affected area with water for at least 15 minutes. Call the University of Arkansas Police Department ([UAPD](#)), **479-575-2222**, for advice and seek medical attention as recommended.
- Wear personal protective equipment including safety goggles, gloves, and a lab coat during cleanup.
- Confine the spill to a small area. Use a commercial kit or absorbent material from your spill kit to absorb spilled materials.
- Use a plastic dustpan to scoop the saturated absorbent in a plastic bag or plastic bucket.
- Re-cover the affected area with more absorbent to ensure all spilt chemical has been absorbed, then scoop the material into the same bag or bucket with saturated absorbent.
- Label the bag or container with a hazardous waste tag and include it in the next hazardous waste collection.
- Clean the spill area with water. Detergent may be used if appropriate.
- Leave the area clean and dry.
- Report the spill to the PI/Laboratory Manager and the EH&S [Chemical Hygiene Officer](#).
- Replenish your spill kit supplies so it will be ready when you need it.
- Submit incident report ([Incident Report](#))

Large or Hazardous Spills require trained specialists for clean-up.

### **For spills involving the following:**

- An immediate hazard (fire, explosion, chemical exposure, etc.)
- Release of a particularly hazardous substance outside of a controlled space
- Moderate or large-scale chemical spill
- Fire, or the threat of fire, outside of a controlled space (fume hood, Laboratory perimeter, etc.)
- Unknown or highly reactive material
- Release of a toxic or flammable gas outside of a controlled space

Immediately activate the nearest fire alarm and evacuate the building.

Call 911 and provide details of the accident including:

- location
- class of hazardous materials involved
- size of spill
- description of any personal injury
- control measures already taken
- your name and phone number
- how you can be identified when emergency personnel arrive at the scene
- 

If the accident involves personal injury or chemical contamination, follow the above steps as appropriate, and at the same time:

- Move the victim from the immediate area of fire, explosion, or spill (if this can be done without further injury to the victim or you).
- Locate nearest emergency eyewash or safety shower.
- Remove any contaminated clothing from the victim and flush all areas of the body contacted by chemicals with copious amounts of water for 15 minutes.
- Administer first aid as appropriate and seek medical attention.

Submit incident report ([Incident Report](#))

## Training and Information:

Prior to working in a Laboratory (and at assigned intervals), any person who may work with or may be exposed to potentially hazardous chemicals in a Laboratory must receive the formal training outlined below. The intent of this training is to assure that all individuals are informed about hazards and required protections when working in the laboratory.

- This Chemical Hygiene Plan
- Laboratory Safety
- Depending on specific hazards, additional training maybe required such as:
  - Compressed Gas Safety
  - Fire Extinguishers - Fire Safety (Instructor-led for initial training)
  - Hazardous Waste Management
  - Any Laboratory specific training determined by the PI/Laboratory Manager

The PI/Laboratory Manager is responsible for ensuring that this training is assigned and completed whenever a Laboratory Worker is assigned to a Laboratory and at least annually thereafter. For more information, contact [EH&S](#).

Additional training is required when a new hazard is introduced or when there is a need such as the use of Particularly Hazardous Substances (Biological and Radiological training is covered in their respective Plans). PI/Laboratory Managers will provide or arrange for the additional training. Examples of a new hazard may be physical or health hazards associated with chemicals, or operations for which prior training was not received. Examples of a need for additional training may be to improve work practices, address measures to prevent a spill or accident from recurring, or to provide training for work with Particularly Hazardous Substances. Laboratories are encouraged to routinely include chemical health and safety topics in lab meetings or other communications with laboratory occupants.

## Laboratory Relocation and/or Close Out:

Procedures have been developed to assist with the process of closing down a laboratory or moving to another laboratory location. These procedures are designed to assure that the space is cleared of hazardous equipment and materials and the laboratory facility is left in a safe condition when the space is vacated. The procedures provide information about various categories of hazardous materials, a step-by-step timeline for when activities shall be conducted, forms used to implement the process, and contacts to assist with the process.

### Overview:

All laboratory rooms, chemical storage areas, or areas where hazardous equipment or materials/wastes are used or stored need to be appropriately cleared and coordinated with staff from the Environmental Health & Safety Office (EH&S) before being assigned to new occupants or scheduled for renovation activities. The PI/Laboratory Manager and the PI/Laboratory Manager's department are responsible for ensuring that the space is appropriately cleared of hazards prior to the transfer to the next occupant, and that all biological, chemical and radiological materials are removed prior to vacating the space. This may require bringing in hazardous material consultants. All remaining equipment, including biosafety cabinets and storage cabinets, must be properly decontaminated, as well as all surfaces, such as counters, drawers, floors, fume hoods, etc. In addition, all unwanted lab equipment, supplies, electronics, and furniture are also to be removed following proper cleaning or decontamination.

### Applicability:

The following procedures are to be followed whenever Laboratories, Chemical Storage Rooms, or areas where hazardous equipment or materials/wastes have been used/stored will be vacated, whether due to a PI/Laboratory Manager leaving the institution, relocating or terminating laboratory research activities, or a renovation project having been scheduled. Note that this also applies to any hazardous materials belonging to a departing PI/Laboratory Manager, but stored in a shared-use or storage space (e.g., flammable liquid storage cabinets, refrigerators, cold rooms, freezers, or stock rooms) belonging to the department or another Laboratory.

EH&S should be notified three months prior to the anticipated departure. Once notified, EH&S will provide additional guidance and assistance during a pre-close-out inspection that is intended to identify any safety issues that may need to be addressed.

### PI/Laboratory Manager Responsibilities:

As PI/Laboratory Manager, you are responsible for the safe operation of the laboratory. This includes leaving these facilities in a safe condition when you vacate the Laboratory and/or Chemical Storage Room(s). This guideline outlines the PI's/Laboratory Manager's responsibilities in the Laboratory Close-Out Process.

The close-out process should be divided into three stages. The time frame referenced below can be reduced with written approval from the [CHO](#), if you are acting on short notice.

- Three months before you move.
- One month before you move.
- At moving time.



## Time Line:

### *Three Months Before Moving Out*

Review and complete a Lab Close-out Notification and submit it to the EH&S [CHO](#). In addition, provide a copy to the applicable Department Chairperson or Director.

- Upon receipt of your close-out notice, the EH&S [CHO](#) will accompany you and your department's administrative representative or other responsible party in a tour of your laboratory.
- The EH&S [CHO](#) will then help you address any safety issues identified during the lab tour. As a team we will jointly develop a close-out plan that is customized to your lab. We will agree upon target dates for critical process steps.
- Review the following close-out checklist items below. General points are covered to help you safely and efficiently vacate your lab spaces. Where needed, more consultation will be provided by EH&S.

### *Thirty Days Before You Move*

- Review your lab space to ensure that all hazardous and unknown materials/wastes have been identified and no new ones have been created while preparing to vacate the space. It is productive to repeat this step of the process, because identifying and disposing of "unknowns" is a major cost in laboratory close-outs.
- Seek assistance from the EH&S [CHO](#) in planning the safe transfer to your new lab and removal of any high hazard materials (violently reactive chemicals, toxic gases, etc., as identified during the chemical disposal process).
- Follow-up on the status of time-critical close-out steps such as radioactive and chemical waste collection, special equipment moving arrangements, posting of your new laboratory for biological or radioactive materials, etc.
- If there were previous occupants in your new lab space, visit that space to ensure that no equipment or materials remain.
- Verify that all modifications in your new space will be completed before your move.
- No equipment used with radioactive materials should be moved if external removable contamination is present. You and your radiation workers can perform wipe and meter surveys to assure this for smaller items. EH&S [Radiation Safety staff](#) will provide this service for major pieces of equipment including freezers and refrigerators.

### *At Moving Time*

- Although staff that works with hazardous materials should know how to clean up small hazardous materials spills, it is recommended that items are moved during normal business hours so that others are available to assist in the event of a spill or accident.
- Provide secondary containment for biohazardous materials, chemicals, and radioactive materials during transport (even when moving only a short distance).
- Do not transport hazardous materials without someone present who is capable in providing assistance.
- Do not transport hazardous materials in personal vehicles. Contact [EH&S](#) for assistance.



- Never transport hazardous materials on public roads, unless the materials are packaged in compliance with DOT regulations, e.g., packaged by a person trained for this purpose, in proper containers that are correctly labeled, etc.
- Wear appropriate personal protective equipment for the materials being handled (e.g., safety glasses or goggles, lab coat, gloves, closed-toe shoes, etc.).
- Have boxes, plastic bags and containers for broken glass, etc., ready and available before you begin.
- Post any required warning signs (radioactive materials, biohazard signs, etc.) in your new lab location.
- Review the location of safety showers, eyewashes, fire extinguishers and all available means of exit from the laboratories and the building.
- Review your old lab space. Do any materials remain in the space that need to be removed?

### *Final Steps*

- Notify the CHO that the lab space is ready for a close-out survey by signing and sending the [Lab Close-Out Certification](#) to the Laboratory Safety Coordinator.
- The CHO will meet and review the Lab Close-out Certification form with the PI/Laboratory Manager. If the form has been satisfactorily completed, the [CHO](#) will also sign the form and provide a copy to the PI/Laboratory Manager, and Department Chairperson or Director.
- After all forms have been completed, the Laboratory will be considered clear of hazardous materials. The completed and signed Lab Close-out Certification form and any Equipment Clearance Record forms will be kept on file in EH&S.

### Laboratory Close-out Checklist/Items:

Assess any biological materials you have (e.g., recombinant DNA materials, microorganisms, cells and cell lines, tissues, organs, body fluids, and biologically-derived or -contaminated media) and determine which materials will be transferred to your new laboratory or to another PI/Laboratory Manager. Dispose of the remaining materials, per University disposal guidelines, e.g., autoclaving and disposing in biohazardous waste containers.

- **Select Agents:** Certain biological material and toxins considered Select Agents (see 42 CRF 73.4 and 73.5) cannot be transferred to other University personnel or transported off campus without prior approval from EH&S, the [Biological Safety Officer](#), the US Department of Health and Human Services, and/or the US Department of Agriculture.
- **Infectious Waste:** All waste material meeting the definition of biohazard waste must be managed following the University's Biohazard Waste Guidelines. Contact the EH&S [Biological Safety Officer](#) to obtain additional biohazardous waste tub labels. Unless in their original packaging, place all sharps into a sharps container, which then needs to be placed inside a biohazard waste tub.
- **Animal and Human Tissues:** Generally, due to potential risks and numerous extenuating circumstances, please contact the EH&S [Biological Safety Officer](#) for guidance prior to the disposal of any animal or human tissue.
- **Toxins:** Toxins must be handled on a case by case basis. Contact the EH&S [Biological Safety Officer](#) for instructions.

Chemicals can be transferred to other laboratories within the department, or other University departments, with the acknowledgement of EH&S and updating of the laboratory chemical inventory at the recipient's location.

Chemicals to be disposed of through EH&S must be properly containerized and labeled. Labels for this purpose can be obtained through the [CHO](#). Proper labeling requires the chemical name of each chemical to be listed on the container. If a container has a mixture of chemicals, each chemical must be listed with its relative percentage. Chemical formulas, abbreviations, or trade names are not acceptable. For any commercial chemical product that is not labeled with its chemical name, a Safety Data Sheet must be requested from the company and supplied to EH&S with the chemical.

If you have unknown chemicals or, Particularly Hazardous Substances, special handling may be required. Prior to transporting any chemicals, contact EH&S for handling instructions and proper secondary containment. For biological and radiological items, refer to their respective safety manuals.

Gas cylinders with an AirGas label attached must be returned to [AirGas](#); call 479-249-8723. If an AirGas label is not affixed to the cylinder, please contact the [CHO](#).

Tubing and regulators that are connected to corrosive or hazardous compressed gas cylinders should be detached using safe procedures such as purging and venting to a hood or ventilated area. Contact the Lab Safety Coordinator for assistance or directions on this process

EH&S will pick up lecture bottles; use the [online chemical waste pickup request form](#).

Clean and decontaminate all spaces that are being vacated including removing all bench paper and contents of cabinets and any equipment that will be left behind, including shared equipment.

Turn off and disconnect all equipment from power supplies.

If you have a [DEA Controlled Substance](#), it must be managed under the requirements of your registration. If you no longer wish to keep the controlled substances in your possession, contact the [CHO](#) to ensure the substances are properly managed.

When you have chemical waste ready for pickup, use the [online chemical waste pickup request form](#).

Notify [EH&S](#) of any equipment or procedures that may have contributed to hazardous chemical residues remaining on surfaces (e.g., perchloric acid).

Notify [EH&S](#) of any equipment or areas that cannot be fully decontaminated (e.g., material potentially containing asbestos).

If you are an authorized user on a radiation protocol, inform the Radiation Safety Officer ([RSO](#)), who will assist in the following:

- Terminate your radioactive materials protocols
- Ensure laboratory facilities and equipment are free of contamination
- Ensure all radioactive materials, radioactive waste, and potentially contaminated equipment or surfaces are properly labeled

- Dispose of radioactive waste by completing the [online chemical waste pickup request form](#).
- If the authorized user is leaving the University, return dosimeters, and any borrowed equipment, such as survey meters, radiation protection equipment, and shielding devices to the Radiation Safety Officer.
- Inform the [RSO](#) if any radioactive material or survey meter will be transferred to another Authorized User, another location on campus, or to another licensed institution
- Schedule a final laboratory radiation survey (and bioassay, if appropriate) with the Radiation Safety Officer.

Empty everything from laboratory storage areas, e.g., refrigerators, freezers, cupboards, etc. and dispose of hazardous materials according to previously-listed instructions.

Laboratory equipment or laboratory surfaces that are potentially contaminated with a hazardous material must be decontaminated before that equipment can be removed from the lab. Proper decontamination requires the wipe down of all contaminated surfaces with a cleaning agent capable of removing the contaminant. If equipment contains a hazardous material integral to the operation of that piece of equipment (i.e., oil, mercury and asbestos), the hazardous material must be removed prior to disposal. Some examples of internal parts that may contain hazardous materials are mercury switches, mercury thermometers, transformers, oil pumps, and compressors. As noted above, decontamination may require the assistance of an outside consultant.

#### Laboratory Equipment Disposal/Removal:

The University of Arkansas' [Surplus Property](#) manages all equipment for disposal or resale. If you have laboratory equipment that has been used with biological, chemical or radioactive materials, X-ray machines or lasers they must be decontaminated prior to proper disposal. It is the owning department's responsibility to first contact the [Surplus Warehouse Manager](#) to request approval for the proper disposal of these types of equipment and conduct/arrange for appropriate decontamination. After approval has been obtained, the PI/Lab Manager should complete an [Equipment Clearance Record Form](#) and email the form to the [CHO](#). An EH&S staff member will assess the status of the decontamination. Please contact the [CHO](#) for guidance of these specific items.

## UNIVERSITY OF ARKANSAS EH&S APPROVED VENDOR LIST

If your preferred vendor is not listed below, please contact EH&S at 5-4079

Chemicals need to be labeled clearly and in English. Keep the SDS and any other pertinent paperwork that accompanies each chemical.

Contracted Vendors: Vendors categorized as “contracted vendors” are under a contract with the University of Arkansas as a preferred provider of the listed product(s). The preferred contract vendors should be used if possible, but these are not mandatory contracts.

General Approved Vendors: Vendors categorized as “general approved vendors” are considered appropriate vendors of your general lab needs. There are no specific products associated with these vendors nor are they under contact with the University of Arkansas.

### CONTRACTED VENDORS

[Airgas – all compressed gases](#)

VWR

Fisher

### GENERAL APPROVED VENDORS

[VWR](#)

[Sigma Aldrich](#)

[Fisher](#)

[Spectrum](#)

[Acros](#)

[Millipore](#)

[TCI - America](#)