# Integrated Safety Plan
# Self-Audit Instructions and Explanations

**The Integrated Safety Plan (ISP)** is REM's strategic goal to promote safety and compliance throughout the campus community. Our goal is to have every employee represented by a Certified Safety Program. The desired outcomes of the ISP are to:

1. Integrate environmental health and safety into Purdue's learning, discovery, and engagement mission
2. Promote individual accountability for safety and regulatory compliance
3. Ensure a proactive system is in place to address environmental health and safety issues
4. Improve the level and consistency of regulatory compliance
5. Reduce employee injury rates through timely and effective communication and training

As a reward for participation, a **Certified Safety Program** will be indemnified from environmental health and safety regulatory fines as long as they continue to act in good faith. Certification renewal is required annually. Integrated Safety Plan certification includes at least the following elements:

1. Developing an area safety committee
2. Establishing communication channels for safety issues
3. Demonstrating upper administrative support for safety
4. Conducting self-audits for laboratories, shops, conference rooms, etc. (within 6 months before the audit date)
5. Abating deficiencies found during the self-audit
6. Successfully completing a REM safety program audit

The **Self-Audit Checklist** is a tool to evaluate safety and compliance in your area. They are required for all buildings spaces where employees work. Please adhere to the following guidelines when completing the self-audit.

1. The person completing the self-audit should be knowledgeable about the operations of the space and have the authority to effect positive changes. Appropriate persons to complete the self-audit may include the PI, supervisor, lab manager, or shop manager, designated research student, or designated staff member.
2. The self-audit is designed to help identify areas where improvement is needed. You are on the honor system when completing the form.
    a. The first questions of each section help identify applicability. In some sections A "no" (N) answer to a question may instruct you to move to the next section. In some cases, a question in an applicable section may not apply to your circumstances.
    b. Most questions are structured to self-indicate where improvement is needed. A "yes" (Y) answer indicates you are doing well. Answer "no" (N), you may need improvement.
3. The PI must sign and date the last page of the audit form to affirm the following:
    a. Their responsibility for the area
    b. They have reviewed the self-audit
    c. Any deficiencies identified will be corrected in a timely manner
4. Ensure Self-Audit Checklists submitted for REM review have been completed within six (6) months before the audit date.

If you have any questions about the self-audit, certifying your safety program, or ISP, contact any of the ISP team leaders listed on the following page.

# Integrated Safety Plan
# Team Leaders

| Name | Title | Telephone | Email |
|---|---|---|---|
| Jim Schweitzer | REM Director and Radiation Safety Officer (RSO) | 49-42350 | jfschweitzer@purdue.edu |
| Judah Young | Occupational Safety Specialist, *ISP Records Coordinator,* and *Webmaster* | 49-47293 | judah@purdue.edu |
| Bob Golden | Biological Safety Officer | 49-41496 | rgolden@purdue.edu |
| Adam Krajicek | Hazardous Material Manager | 49-63072 | arkrajicek@purdue.edu |
| Eric Butt | Occupational Health and Safety Manager | 49-49227 | embutt@purdue.edu |
| Linda Swihart | Industrial Hygienist | 49-43244 | swihart@purdue.edu |
| Kristi Evans | Occupational Safety Specialist | 49-41431 | klevans@purdue.edu |
| Brian McDonald | Occupational Safety Specialist | 49-63712 | bnmcdonald@purdue.edu |
| Stephanie Rainey | Environmental Technician | 49-43152 | slrainey@purdue.edu |
| Zach Tribbett | Health Physicist and Laser Safety Officer | 49-41478 | ztribbet@purdue.edu |

# Integrated Safety Plan Self-Audit Checklist

**Date of Audit:** _____ **Person Completing Audit:** _____

**Building/Room(s):** _____ **PI or Supervisor:** _____

**Designated Responsible Person:** _____

**Type of Room/Area:**

- ☐ **Laboratory**
- ☐ **Computer Labs**
- ☐ **Shop**
- ☐ **Common Areas**
- ☐ **Offices**
- ☐ **Storage Areas**
- ☐ **Other:** _____

*If the area qualifies as a computer laboratory, office, or common (e.g., kitchenette, conference room) that does not involve the handling of, use of, or exposure to hazardous chemicals, machinery, equipment, animals, or biological agents you may stop this self-audit after completing section 7. Otherwise please address all sections. If you have any questions about the type of area you are auditing contact someone from your safety committee or a REM ISP safety representative. If still in doubt address all sections of this audit form.*

***Please do not edit or delete any sections. PI must sign and date last page.***

| 1. Emergency Preparedness and Fire Protection | Y | N | NA |
|---|---|---|---|
| **1.1** Are all employees working in this area familiar with the following general emergency procedures:<br>• Cease operations (contain and control if it can be done safely) and leave the area<br>• Evacuate others by verbal command and/or activating the fire alarm<br>• Call 911 and be available to emergency responders if you have knowledge of the emergency and area | | | |
| **1.2** Are all employees working in this area familiar with site specific emergency procedures? (Special and unique hazards have been identified and post evacuation or shelter procedures been developed) | | | |
| **1.3** Has a copy of the Building Emergency Plan or a link to its electronic version been distributed to all employees working in this area? | | | |
| **1.4** Are fire extinguishers unobstructed? | | | |
| **1.5** Are exits identified when not immediately apparent? | | | |
| **1.6** Are materials stored at least 18 inches below sprinkler heads or at least 24 inches below ceiling in non-sprinkler areas? | | | |
| **1.7** Are fire doors kept closed, unless designed to self-close when the fire alarm is triggered? | | | |

| 2. Housekeeping | Y | N | NA |
|---|---|---|---|
| **2.1** Are aisles clear in office, high traffic, and high hazard areas? | | | |
| **2.2** Are doorways and hallways free of obstructions to allow for clear visibility and exit? | | | |
| **2.3** Are floors free of oil, grease, liquids, broken and uneven surfaces, or sharp objects? | | | |
| **2.4** Is this area uncluttered (i.e. minimal storage of combustible materials or impede emergency egress)? | | | |
| **2.5** Are aisles or walkways near moving or operating machinery and welding operations arranged so employees will not be subjected to hazards? | | | |
| **2.6** Is trash (e.g. sharps, used toner, empty chemical containers, and broken glass) put into proper containers for disposal? | | | |
| **2.7** Are heavy items stored on lower and middle shelves of storage rooms and cabinets? | | | |
| **2.8** Is material stored in a manner to prevent it from tipping, falling, collapsing, rolling, or spreading? | | | |

| 3. General Electrical Safety (Electrical Safety Program) | Y | N | NA |
|---|---|---|---|
| **3.1** Are electrical cords in good condition? | | | |
| **3.2** Is the ground pin securely in place on three pin wire plugs? | | | |
| **3.3** Are multi-outlet devices (e.g. power strips, surge protectors) protected by a circuit breaker or fuse incorporated into its design to restricted it to 15 amps maximum? | | | |
| **3.4** Are extension cords rated for the equipment being used and for temporary use only? | | | |
| **3.5** Are extension cords and/or multi-outlet devices not connected in series? | | | |
| **3.6** Are electrical outlets properly loaded and proper strain relief provided for suspended wiring? | | | |
| **3.7** Are ground fault circuit interrupter outlets used within 5 feet of kitchenette and bathroom sinks, or other wet operations? | | | |
| **3.8** Are all wires insulated; wire connections and junction boxes covered; knockouts in place; and panels locked? | | | |

| 4. Step Stool and Ladder Safety | Y | N | NA |
|---|---|---|---|
| **4.1** Are step stools, rolling stairs, ladders, or rolling ladders used in this area? | | | |
| ***If you answered "No" to question 4.1, you may skip to section 5.*** | | | |
| **4.2** Are they in good condition with safety labeling in place? | | | |
| **4.3** Are wood ladders free of opaque coverings? | | | |
| **4.4** Are there non-slip feet on the base of ladders and step stools? | | | |
| **4.5** Are ladders stored so they are stable and secure from falling or sliding? | | | |



Revised: February 18, 2015 – *Check the REM website (www.purdue.edu/ehps/rem) to ensure you have the most current version of this document.*

| 5. Shipping Chemical and Biological Material | Y | N | NA |
|---|---|---|---|
| **5.1** Do any employees in this area ship chemicals; dry ice; research samples; diagnostic specimens; biological or hazardous materials; or dangerous goods off-site? *(Applies to all who load, unload, select, fill, package, or label shipping containers; prepare or sign paperwork for shipping containers; or are otherwise involved in the transportation of hazardous materials)* | | | |
| ***If you answered "No" to question 5.1, you may skip to section 6.*** | | | |
| **5.2** Has REM been contacted to determine if employees need Hazardous Materials Shipping training as required by the U.S. Department of Transportation (DOT)? | | | |
| **5.3** Do all employees requiring training receive initial training and refresher training at least every two years? | | | |

| 6. Personal Protective Equipment (PPE) Policy | Y | N | NA |
|---|---|---|---|
| **6.1** Are all PIs, supervisors, and employees familiar with and have access to the PPE Policy? | | | |
| **6.2** Has a hazard assessment been performed by task or position/title or location for this area? | | | |
| **6.3** Has PI/supervisor completed and signed a task or position/title or location Hazard Assessment Certification? | | | |
| **6.4** Are hazard assessment certifications readily available to all employees? | | | |
| **6.5** Is there unobstructed access to eyewashes and safety showers where a chemical splash could occur? | | | |
| **6.6** Are eyewash units flushed weekly to verify flow and remove sediment? | | | |
| **6.7** Are there any recognized hazards (e.g. chemical, biological, radiological, machinery, electrical, laser, working from heights, heat, cold, stored mechanical energy, flying debris, falling objects, etc.) in this area that require PPE? | | | |
| ***If you answered "No" to question 6.7, you may skip to section 7*** | | | |
| **6.8** Have employees been trained on the correct use, care, donning, doffing, and limitations of PPE for tasks/assignments? | | | |
| **6.9** Are PPE training records for each employee available for review? Certification of Training | | | |

| 7. Hazard Communication Program (a.k.a. HazCom or Right-to-Know) | Y | N | NA |
|---|---|---|---|
| **7.1** Does this area have employees not covered by the Chemical Hygiene Plan (CHP)? | | | |
| ***If you answered "No" to question 7.1, you may skip to section 8.*** | | | |
| **7.2** Is initial HazCom training provided and documentation maintained (HCP-8) by the designated trained individual (DTI)? | | | |
| **7.3** Are chemicals (e.g. correction fluid, pens, cleaners, furniture polish, cutting oil, paint, etc.) used or stored in this area? | | | |
| ***If you answered "No" to question 7.3, you may skip to section 8.*** | | | |
| **7.4** Do all containers have complete and legible labels? | | | |
| **7.5** Is all chemical use commensurate with "consumer use" **AND** for the purpose(s) intended by the manufacturer(s)? | | | |
| ***If you answered "Yes" to question 7.5, you may skip to section 8.*** | | | |
| **7.6** Is a (Material) Safety Data Sheet (MSDS and/or SDS) for every chemical readily available to all employees? | | | |
| **7.7** Do you have a current chemical inventory that is updated at least annually (HCP-4: PDF or Excel format)? | | | |
| **7.8** Do employees whose job require significant use and exposure to chemicals receive annual refresher training ***and*** do all employees receive refresher training when new physical or health hazards are introduced? | | | |
| **7.9** Is an Employee Exposure Information form (HCP-5) completed for all employees? | | | |
| **7.10** Is the Hazard Communication Program written compliance manual readily available? | | | |

| 8. Chemical Hygiene Plan (CHP) | Y | N | NA |
|---|---|---|---|
| **8.1** Is this area a laboratory that uses reagents to perform chemical manipulations and/or multiple chemical procedures? | | | |
| ***If you answered "No" to question 8.1, you may skip to section 9.*** | | | |
| **8.2** Do all employees received lab-specific CHP training and have access to their lab-specific CHP? | | | |
| **8.3** Is lab-specific CHP training documented by one of the methods below?<br>• The Lab-Specific Training Certification form<br>**OR**<br>• Lab-specific SOPs **and** Lab Safety Fundamentals online training | | | |
| **8.4** Is a Laboratory Door Posting with emergency contacts and document locations posted outside all laboratory doors? | | | |
| **8.5** Are reagent and waste containers in good condition, appropriate, clean, labeled, and closed tightly when not in use? | | | |
| **8.6** Is a key/legend is prominently posted or readily available for labels using abbreviations or formulas? | | | |
| **8.7** Are chemicals stored in an orderly manner and segregated by hazard class? | | | |
| **8.8** Are chemicals stored off the floor and away from traffic areas? | | | |
| **8.9** Are flammable liquids in excess of 10 gallons stored in safety cans or flammable storage cabinets? | | | |
| **8.10** Are all toxic and/or volatile flammable material manipulations done in a properly working fume hood that is tested annually? | | | |
| **8.11** Are gas cylinders and associated tubing and fittings properly secured? | | | |
| **8.12** Is contaminated protective clothing properly disposed of or laundered? *(It may be appropriate to launder clothing with incidental chemical or biological contamination at work or professionally, but do not take contaminated clothing home.)* | | | |
| **8.13** Are there procedures (i.e. chemical, biological, and radioactive waste disposal; work area decontamination; timely REM notification) in place to ensure faculty and staff clean or decommission their areas before leaving the University? | | | |

| 9. Mercury Reduction Policy | Y | N | NA |
|---|---|---|---|
| **9.1** Does this location have or use elemental mercury in thermometers, devices, or other apparatus? | | | |
| ***If you answered "No" to question 9.1, you may skip to section 10.*** | | | |
| **9.2** Are you familiar with the Purdue University Chemical Management Committee (CMC) Mercury Reduction Policy? | | | |

| 10. Animal Exposure Safety | Y | N | NA |
|---|---|---|---|
| **10.1** Are employees in this area directly exposed to vertebrate animals **OR** their bedding, tissue, or fluids? | | | |
| ***If you answered "No" to question 10.1, you may skip to section 11.*** | | | |
| **10.2** Are these employees aware of the Purdue University Animal Exposure Occupational Health Program? | | | |

| 11. Biological Hazards (Non-Laboratory): Bloodborne Pathogen Exposure Control Plan | Y | N | NA |
|---|---|---|---|
| **11.1** Do employees working in this area have the potential to be exposed human blood or human bodily fluids? | | | |
| ***If you answered "No" to question 11.1, you may skip to section 12.*** | | | |
| **11.2** Are these employees given annual required Blood Borne Pathogen Training? | | | |

| 12. Biological Hazards (Laboratory): Biological Safety Manual | Y | N | NA |
|---|---|---|---|
| **12.1** Are biohazardous agents (those that can cause disease or illness) used in the laboratory? | | | |
| ***If you answered "No" to question 12.1, you may skip to section 13.*** | | | |
| **12.2** Have employees been notified of specific handling procedures associated with biohazards used in their work area? | | | |
| **12.3** Do laboratory employees know what to do in the event of a biohazard exposure (puncture, cut, splash, or inhalation)? | | | |
| **12.4** Are all biologically hazardous materials secured from unauthorized use or removal? | | | |
| **12.5** Are biologically hazardous wastes managed properly (i.e. contained and decontaminated)? | | | |
| **12.6** Do laboratory employees complete the Bio-Materials Pick-Up and Treatment Certification Form to certify treatment of waste and call 40121 for disposal? | | | |
| **12.7** Are sharps collected in approved containers? Sharps and Infectious Waste: Handling and Disposal Guidelines | | | |

| 13. Hazardous Waste: Hazardous Waste Disposal Guidelines | Y | N | NA |
|---|---|---|---|
| **13.1** Does this location store chemicals, use chemicals, or generate hazardous waste? | | | |
| ***If you answered "No" to question 13.1, you may skip to section 14.*** | | | |
| **13.2** Are waste containers properly labeled and closed tightly when not in use? | | | |
| **13.3** Are waste containers in good condition, leak-proof, clean, and otherwise safe for transportation? | | | |
| **13.4** Are waste containers labeled "HAZARDOUS WASTE" with each constituent listed by percent? orange label | | | |
| **13.5** Is waste stored at or near the point of generation and under the control of the person generating the waste? | | | |
| **13.6** Are incompatible chemicals segregated by distance or secondary containment? | | | |
| **13.7** Are all LC and HPLC waste containers fitted with engineered caps or lids to prevent organic solvents from evaporating? | | | |
| **13.8** Is the volume of waste stored less than 55 gallons or 1 quart of acutely toxic waste? | | | |
| **13.9** Does this location practice waste minimization? | | | |

| 14. Electrical Safety for Electrical Workers | Y | N | NA |
|---|---|---|---|
| **14.1** Is electrical work performed in this area that could expose employees to energized parts over 50 volts? | | | |
| ***If you answered "No" to question 14.1, you may skip to section 15.*** | | | |
| **14.2** Are employees trained in accordance with applicable OSHA and NFPA 70E electrical safety-related work practices? | | | |

| 15. Radioactive Material Management: Radiation Safety Manual | Y | N | NA |
|---|---|---|---|
| **15.1** Does area have radioactive material (sealed or unsealed sources), or radiation-producing equipment? | | | |
| ***If you answered "No" to question 15.1, you may skip to section 16.*** | | | |
| **15.2** Has the project been approved by the campus Radiation Safety Committee? | | | |
| **15.3** Do employees using radioactive material or radiation producing equipment meet radiation safety training requirements? | | | |
| **15.4** Are all containers of radioactive materials and wastes properly labeled and secured from unauthorized use or removal? | | | |
| **15.5** Is the laboratory door posted for radioactive materials use or radiation producing equipment? | | | |
| **15.6** Are eating and drinking policies followed as designated by the room classification sticker posted on the door? | | | |
| **15.7** Are radioactive material use records, contamination surveys, and inventory updated and maintained for inspection? | | | |
| **15.8** Are work surfaces covered with absorbent paper or are trays used? | | | |

| 16. Laser Safety: Laser Safety Guidelines | Y | N | NA |
|---|---|---|---|
| **16.1** Does this area have or use Class 3B or 4 lasers? | | | |
| ***If you answered "No" to question 16.1, you may skip to section 17.*** | | | |
| **16.2** Have all Class 3B or 4 laser projects been approved by the campus Laser Safety Officer? | | | |
| **16.3** Are laser use areas identified by the proper signage per ANSI Z136.1? | | | |
| **16.4** Do employees associated with the laser meet the laser safety training requirements? | | | |
| **16.5** Is the laser beam path entirely enclosed (i.e. absolutely no portion is exposed)? If yes, you may skip to section 16. | | | |
| **16.6** Are laser beams appropriately terminated and confined to a defined and controlled Nominal Hazard Zone (NHZ)? | | | |
| **16.7** Is the appropriate Laser Safety Eyewear available, in good shape, and always used by employees within the NHZ? | | | |
| **16.8** Are required SOPs written and accessible to authorized laser users? | | | |

| 17. Hearing Conservation Program | Y | N | NA |
|---|---|---|---|
| **17.1** Are employees exposed to any high noise levels? | | | |
| ***If you answered "No" to question 17.1, you may skip to section 18.*** | | | |
| **17.2** Has REM evaluated employees' noise exposure? | | | |
| **17.3** Did REM determine that employees must be enrolled in the Hearing Conservation Program? | | | |
| ***If you answered "No" to question 17.3, you may skip to section 18.*** | | | |
| **17.4** Do affected employees undergo an annual audiogram? | | | |
| **17.5** Do employees receive hearing conservation training annually? | | | |
| **17.6** Is adequate hearing protection available to all affected employees? | | | |
| **17.7** Is hearing protection worn where needed? | | | |
| **17.8** Are high noise areas and equipment posted with warning signs or labels?? | | | |

| 18. Respiratory Protection Program | Y | N | NA |
|---|---|---|---|
| **18.1** Are there respiratory hazards present in the work environment (harmful dusts, fogs, fumes, mists, gases, smokes, sprays or vapors) | | | |
| ***If you answered "No" to question 18.1, you may skip to section 19.*** | | | |
| **18.2** Have you contacted REM, Industrial Hygiene Section to determine if you or the employees in this area need to be in the Respiratory Protection Program? | | | |
| **18.3** Do employees covered by Respiratory Protection Program receive a medical exam and a respirator fit test annually? | | | |

| 19. Fall Protection | Y | N | NA |
|---|---|---|---|
| **19.1** Do employees in this area work 4 feet or more above unguarded walking surfaces? | | | |
| ***If you answered "No" to question 19.1, you may skip to section 20.*** | | | |
| **19.2** Have those employees been trained in fall protection requirements? | | | |
| **19.3** Is fall protection equipment available and inspected prior to each use? | | | |

| 20. Confined Space Safety | Y | N | NA |
|---|---|---|---|
| **20.1** Are confined spaces (e.g. tanks, silos, manholes) or access to them present in this area? | | | |
| **20.2** If the answer to 20.1 is "yes", have employees working in this area completed Confined Space Awareness Training? | | | |
| **20.3** Do employees in this area enter confined spaces? | | | |
| ***If you answered "No" to question 20.3, you may skip to section 21.*** | | | |
| **20.4** Have these employees and their supervisors received formal confined space training from REM? | | | |
| **20.5** Are employees able to classify confined spaces and to identify conditions that would change a confined space into a permit-required confined space? | | | |
| **20.6** Are employees familiar with pre-entry procedures and do they follow them, including atmospheric testing when required? | | | |
| **20.7** Are appropriate safe-guards, such as attendants or physical barriers used for manholes and street openings? | | | |
| **20.8** Is all necessary safety equipment (i.e. testing, monitoring, rescue and retrieval, communication, and personal protective equipment) available, properly used, and maintained? | | | |
| **20.9** Do employees in this area enter permit-required confined spaces? | | | |
| ***If you answered "No" to question 20.9, you may skip to section 21.*** | | | |
| **20.10** Is a list of permit-required confined space locations available that identifies each location's hazards? | | | |
| **20.11** Is the permit system outlined in Purdue's Confined Space Program used properly? | | | |

| 21. Pesticide Safety | Y | N | NA |
|---|---|---|---|
| **21.1** Do employees in this area use, transport, mix, apply, or dispose of restricted use pesticides or their containers, or enter plots that have been treated with restricted use pesticides? | | | |
| ***If you answered "No" to question 21.1, you may skip to section 22.*** | | | |
| **21.2** Have all employees working with or around pesticide been properly trained and the training documented? | | | |
| **21.3** Have all employees working around or handling *agricultural use* pesticides received the appropriate Worker Protection Standard (WPS) training in the last 5 years? (Agricultural use pesticides can be identified by the "Agricultural Use Requirement" statement in the directions or application method section of the label.) | | | |

| 22. Machinery and Equipment Safety | Y | N | NA |
|---|---|---|---|
| **22.1** Is machinery or equipment located and operated in this area? | | | |
| ***If you answered "No" to question 22.1, you may skip to section 23.*** | | | |
| **22.2** Do employees in this area work with the machinery or equipment? | | | |
| **22.3** Do all employees allowed to use the machinery have proper training? | | | |
| **22.4** Does all machinery or equipment have safeguards in place? | | | |
| **22.5** Do the safeguards prevent hands, arms, and other body parts from making contact with dangerous moving parts? | | | |
| **22.6** Are the machine guards secured to prevent movement during operation? | | | |
| **22.7** Do the machine guards permit safe and comfortable operation of the machine? | | | |
| **22.8** Can machines be serviced (cleaned and oiled) without removing the guards? | | | |
| **22.9** Do operators wear the appropriate PPE with no loose fitting clothing, hair, or jewelry? | | | |

| 23. Powered Industrial Trucks (a.k.a. Fork Lifts or Powered Pallet Jacks) | Y | N | NA |
|---|---|---|---|
| **23.1** Do students or employees operate; work in, on, or near powered industrial trucks? | | | |
| ***If you answered "No" to question 23.1, you may skip to section 24.*** | | | |
| **23.2** Have all operators successfully completed a formal instruction course and driver evaluation? | | | |
| **23.3** Do all operators have current certificates and/or wallet cards? | | | |
| **23.4** Are powered industrial trucks inspected before use or each shift? | | | |
| **23.5** Are inspection records maintained on site and accessible for review? | | | |
| **23.6** Is there an area designated for fueling or charging powered industrial trucks? | | | |

| 24. Control of Hazardous Energy Program (Lockout/Tagout) | Y | N | NA |
|---|---|---|---|
| **24.1** Are employees exposed to machines or equipment while maintenance or service is being performed? | | | |
| ***If you answered "No" to question 24.1, you may skip to section 25.*** | | | |
| **24.2** Do employees receive Lockout /Tagout training? | | | |
| **24.3** Is a Lockout /Tagout program followed to secure energized equipment during repairs and maintenance? | | | |
| **24.4** Do employees have Lockout /Tagout devices, tags, and locks suitable for all equipment? | | | |
| **24.5** Does each piece of equipment have written procedures for isolating it from all energy sources? | | | |
| **24.6** Are all other employees given Lockout /Tagout awareness training? | | | |

| 25. Heavy Equipment and Agricultural Equipment Safety | Y | N | NA |
|---|---|---|---|
| **25.1** Do students or employees operate; work in, on, or near heavy equipment (e.g. backhoes, skid steers, front loaders, etc.) or agricultural equipment (e.g. tractors, harvesters, implements, etc.)? | | | |
| ***If you answered "No" to question 25.1, you may skip to section 26.*** | | | |
| **25.2** Are all operators allowed to use this equipment properly trained based on the manufacturer's operator's manual and standard best practices? | | | |
| **25.3** Are all operators trained in the proper use of Roll-Over Protection Structures (ROPS)? | | | |
| **25.4** Do all operators inspect and use the required safety devices and guards located on the specific equipment in use? | | | |

| 26. Aerial Work Platform (AWP) Safety | Y | N | NA |
|---|---|---|---|
| **26.1** Do students or employees operate, work in, on, or near aerial work platforms (AWP) or lifts (e.g. cherry picker, scissor lift, or boom lift)? | | | |
| ***If you answered "No" to question 26.1, you may skip to section 27.*** | | | |
| **26.2** Have operators completed a general training course including inspection, application, and the recognition and avoidance of hazards associated with the AWP? | | | |
| **26.3** Do operators receive AWP model-specific familiarization on the particular model he/she will be operating? | | | |
| **26.4** Is operator training and inspection documentation retained by the area? | | | |
| **26.5** When "Fall Protection" is required for AWP operation, is the operator properly trained and equipped? | | | |

| 27. Refrigerant Regulations Compliance Program (CFC Compliance) | Y | N | NA |
|---|---|---|---|
| **27.1** Are refrigerants, ozone depleting substances, or Chlorofluorocarbons (CFC) used, dispensed, stored, or reclaimed in this area? | | | |
| ***If you answered "No" to question 27.1, you may skip to section 28.*** | | | |
| **27.2** Has REM's Hazardous Materials section been contacted to determine if Refrigerant Regulations Compliance Program requirements are being met? | | | |

| 28. Physical Facilities Safety Requirements | Y | N | NA |
|---|---|---|---|
| **28.1** Are you part of a Physical Facilities department? | | | |
| ***If you answered "No" to question 28.1, you may ignore the following questions in this section.*** | | | |
| **28.2** Did each supervisor complete do the required minimum number of safety observations each week? | | | |
| **28.3** Are safety observations kept by department and reported to their director quarterly? | | | |
| **28.4** Are 100% of accidents and injuries investigated with appropriate corrective action taken? | | | |

## *Add comments and responsible individual's signature below.*

**Comments:**

**Responsible Individual:** I am responsible for the indicated laboratory, shop, or area and I affirm that this self-audit was completed by someone that works in this area and is knowledgeable about operations therein. I agree to correct deficiencies in a timely manner.

Signature: _____ Date: _____