

October 30, 2013

**To:** UCSC Faculty and Researchers**Subject:** Laboratory Safety and Compliance

Dear Colleagues:

I write to express my commitment to assuring the safety and compliance of research at UCSC and the protection of everyone who works within and around our laboratories. In conjunction with the greater UC System's focus on evolving our Laboratory Safety Culture, I wish to address three topics fundamental to this effort. The changes described support our safety and compliance with overall UC policy, while demonstrating concurrence with the values expressed in our Principles of Community.

**1) New UC Laboratory Safety Policies**

On June 12, 2013, President Mark Yudof issued the following three new UCOP policies:

- Laboratory Safety Training (effective October 31, 2013)
- Minors in Laboratories and Shops (effective October 31, 2013)
- Personal Protective Equipment (effective March 31, 2014)

These policies provide a framework for consistent compliance with the legal requirements of the UC Regents lab safety settlement agreement, applicable Cal/OSHA regulations, and UC expectations. The full text of the policies can be found at: <http://policy.ucop.edu>. You can read more about the agreement, policies, and UCSC-EH&S Research Safety News at <http://ehs.ucsc.edu/programs/research-safety/research-safety-news.html>.

**Action:** The Laboratory Safety Training policy requires that all laboratory personnel complete "Laboratory Safety Fundamentals" training. All laboratory researchers who have not yet taken this online course, or the prior online "Introduction to Laboratory Safety" course, must complete the training by the end of Fall Quarter (December 12, 2013). This policy is in full effect as of October 31, 2013. Refresher training will be required every three years.

**2) Procedures for Assurance of Laboratory Safety Compliance**

The UCSC campus-wide Chemical Safety Advisory Committee, with support of Academic HR, recently developed procedures for assuring laboratory safety compliance. The procedures define accountability and outline the steps that will occur if a safety or compliance situation is not adequately addressed. The procedures can be found here: <http://ehs.ucsc.edu/programs/research-safety/research-safety-news.html>.

### **3) Chemical Inventory and other Lab Safety and Compliance Tools**

To assist laboratories in meeting safety and regulatory requirements, several new software products are under development by UCOP and will be rolled out this fiscal year. They include:

- **CIS/CBIS** - chemical inventory and information. Under this new inventory system, each lab group will be responsible for managing their own chemical inventory. To assist, EH&S will upload current facility and chemical inventory data, provide training and consultation, and verify that labs are managing their inventory appropriately.
- **LHAT**- laboratory hazard assessment and personal protective equipment assignment tracking.
- **BIO**- biological use authorization submission and review.
- **RADiCAL** – SOP development, review, and database.
- **SIT** - laboratory inspection tool and database.
- **WASTE** - labeling and managing hazardous waste (will replace current OTP system).
- **FSTOP** - field research planning system.

As these programs are rolled out, you will receive further information, training and support regarding their implementation from Patrick Goff ([ptgoff@ucsc.edu](mailto:ptgoff@ucsc.edu)) in EH&S. Please work with your colleagues and support personnel to make these changes as smoothly and efficiently as possible.

Safety and compliance with applicable laws, regulations and UC policies are fundamental requirements of research and continued funding through UCSC. I believe that everyone is responsible and accountable for creating and maintaining a laboratory or other workspace that is free of illness and injury. However, responsibility is uniquely vested in the Principal Investigator and cannot be delegated. I trust that Faculty will continue to lead and model the cultural changes now before us.

Sincerely,



Scott Brandt  
Vice Chancellor for Research

## Procedures for Assurance of Laboratory Safety Compliance

### Goals:

These procedures are being implemented in order to help protect people, and to achieve better compliance with environmental health and safety requirements. These requirements include meeting the requirements as outlined in the UCSC Laboratory Safety Manual/Chemical Hygiene Plan (<http://ehs.ucsc.edu/lab-safety-manual/>), standard/safe operating procedures for working with particularly hazardous materials and processes, laboratory housekeeping problems, performing documented quarterly self-inspections, timely correction and response of any deficiency noted from EH&S. The specific procedures outlined below are designed to ensure that the Principal Investigators (PI) are given sufficient warning to correct deficiencies, and that if uncorrected, there will be consequences for non-compliance.

### Procedures

1. Principal Investigators are expected to follow the normal recommendations issued by the campus Environmental Health and Safety (EH&S) officers following periodic inspections of the laboratories.
2. EH&S staff will first alert the PI if a negative finding or non-compliant behavior or condition within a lab is identified and documented, and will designate a reasonable timeframe within which the PI must resolve the issue. (Note that if the hazardous conditions or behaviors are so extreme as to place the lab group and/or other members of the community in danger, then lab operations will be suspended until such time as the situation is resolved. EH&S will provide written notification of suspension to the PI, Chair of the applicable EH&S sponsored Faculty oversight Committee, (Committee Chair, Department Chair, and Dean.))
3. If the PI does not resolve the issue within the designated timeframe, the Divisional Safety Officer will alert the Committee Chair of the negative finding or non-compliant behavior or condition within the lab, and the Committee Chair will then provide a written request to the PI to correct or mitigate the issue.
4. If the issue persists, the Committee Chair, the Divisional Safety Officer, the Department Chair, and the PI will meet to identify the reason for non-compliance and work together to remedy the situation. The result of this meeting will be a formal letter from the Committee Chair to the PI, cc'ing the Dean and the Vice Chancellor for Research. The letter will identify specific steps to be taken, including a final deadline by which all steps must be taken.
5. If the deadline has passed and the identified steps have not been taken, the Committee Chair, Department Chair, and Divisional Safety Officer will meet to determine appropriate next steps that may include: a) suspension of lab operations; b) the initiation of formal corrective action in accordance with applicable policy; and/or c) suspension of grant applications submitted by the PI. The PI shall be notified in writing of the action(s) being taken.
6. If there are subsequent issues of the same or similar nature, the Committee Chair or designated member will communicate with the PI but may start the compliance resolution process at step 4.