

## **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.