

# NEBRASKA MEDICINE LABORATORY SIGN WORKSHEET

Questions? Contact Environmental Health & Safety at 402.559.9913 or 402.559.6356

Individuals listed as contacts for the lab should be knowledgeable of hazards present and may be contacted to provide information in the event of an emergency. The laboratory signage provides information to Security, Facilities Management and Planning, Environmental Services, Emergency Responses Agencies, etc.

Date: \_\_\_\_\_ Building: \_\_\_\_\_ Room(s): \_\_\_\_\_

Department: \_\_\_\_\_ Lab Phone: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Person Completing Worksheet: \_\_\_\_\_

Is this space shared? ☐ Yes ☐ No

If yes, please specify room type and list name(s) of other user(s): \_\_\_\_\_

How many doors from the corridor lead into this lab? ☐ One ☐ Two ☐ Other #: \_\_\_\_\_

☐ All pages of this document have been reviewed by the Laboratory Manager.

Laboratory Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: If submitting worksheet electronically, please use the digital signature option.*

## Please answer the following:

|                                                                                                                                        | YES | NO |
|----------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are you using any radioactive material in this area?<br>If yes, list Authorized User(s):                                            |     |    |
| 2. Are there any devices in this area that produce a magnetic field at 5 gauss or above?                                               |     |    |
| 3. Are any lasers used in this area?<br>If yes, please complete the <a href="#">Laser Equipment Data Form</a> and submit to EHS.       |     |    |
| 4. Is an open flame device used in this area?<br>If yes, please complete the <a href="#">Open Flame Device Form</a> and submit to EHS. |     |    |
| 5. Are any bases used in this area?                                                                                                    |     |    |
| 6. Are any acids used in this area?                                                                                                    |     |    |
| 7. Are any carcinogens used in this area?                                                                                              |     |    |
| 8. Are any flammables used in this area?                                                                                               |     |    |
| 9. Are any water-reactive chemicals used in this area?                                                                                 |     |    |
| 10. Are any air reactive chemicals used in this area?                                                                                  |     |    |
| 11. Are any oxidizing materials used in this area?                                                                                     |     |    |
| 12. Are any gas cylinders used in this area?<br>If yes, please specify the type(s):                                                    |     |    |
| 13. Do you work with human specimens in this area?                                                                                     |     |    |
| 14. Do you work with primary human tissue cell cultures?<br>If yes, are these cells obtained from a commercial vendor?                 |     |    |
| 15. Are any biological organisms/agents used in this area?<br>If yes, please list organisms/agents:                                    |     |    |

Please indicate all Personal Protective Equipment (PPE) items that are used in this area.

|                          |                    |                          |                 |
|--------------------------|--------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Lab Coat           | <input type="checkbox"/> | Face Shield     |
| <input type="checkbox"/> | Safety Glasses     | <input type="checkbox"/> | Reaction Shield |
| <input type="checkbox"/> | Chemical Goggles   | <input type="checkbox"/> | Gloves          |
| <input type="checkbox"/> | Hearing Protection | <input type="checkbox"/> | Surgical Mask   |
| <input type="checkbox"/> | UV Protection      | <input type="checkbox"/> | Respirator      |

Other (please specify):

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\*If respirators are used, please list type: \_\_\_\_\_

What chemicals, substances, agents, gases, etc., which if spilled or released cannot be safely cleaned up by you or your lab personnel? Please describe: \_\_\_\_\_

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Please describe any special conditions or information that should be available to emergency response personnel:

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### **Chemical Inventory**

To respond safely to laboratory emergencies, the Omaha Fire/HAZMAT Department has requested chemical inventories, including chemical name, CAS number, location, and quantity, for each laboratory room at UNMC/Nebraska Medicine. This information is also used to determine the appropriate hazards and NFPA ratings for each lab room.

EHS requires electronic submission of chemical inventories. Laboratories are responsible for submitting a chemical inventory annually using the [Nebraska Medicine Chemical Inventory Template](#) to ensure inventories can be uploaded. This inventory template will include the requirements for both EHS and CAP.

EHS imports each inventory in a centralized database and utilizes this information in the event of an emergency. Additional information on chemical inventories is on-line here: [Chemical Inventories](#)

After completing the lab sign worksheet and chemical inventory template, please submit both documents to [unmcehs@unmc.edu](mailto:unmcehs@unmc.edu). Chemical inventories must also be uploaded to the appropriate SharePoint location.

***Please contact EHS at (402)559-6356 if you have questions about Chemical Inventories.***

### **Laboratory Emergency Contact Information**

Please provide the following information for emergency notification purposes only. These phone numbers are only shared with Security Dispatch and **are not** listed on the laboratory sign posted outside of the laboratory entrance. Security Dispatch will only call the Emergency Contact in, in the event of an emergency,

**Emergency contacts will be called in the order listed below.**

All contacts listed should be knowledgeable about the contents of the laboratory space. Emergency response personnel may ask these individuals for technical information during emergencies. If emergency contacts or phone numbers change, please contact EHS to update your records promptly. Laboratories should review their emergency contact lists monthly to ensure the most current information is available.

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Building: \_\_\_\_\_ Room(s): \_\_\_\_\_

Department: \_\_\_\_\_

Lab Space Assigned to: \_\_\_\_\_

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**Primary Contact:**

First & Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Secondary Contact:**

First & Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Alternate contact:**

First & Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Submit completed lab sign worksheet and chemical inventory via email to [unmcehs@unmc.edu](mailto:unmcehs@unmc.edu)