

**Chancellor's University Safety Committee (CUSC) Meeting**  
**Tuesday, November 21, 2017 - 3:00-4:00 p.m.**  
**UNLPD Conference Room 300 N. 17th**

**AGENDA**

- |   |                |
|---|----------------|
| 1. Introductions & Welcome                    | Kyle Hansen    |
| 2. Fiscal Year 2018 (1st Qtr.) Injury/Illness | Yoko Smith     |
| 3. Safety Audit Item Review                   | Betsy Howe     |
| 4. Old Business                               |                |
| A. CUSC goal review & reports on progress     |                |
| B. Reports on progress: Heads Up! campaign    | Kyle Hansen    |
| C. Supplier Showcase recap                    | Betsy Howe     |
| D. Other old business                         |                |
| 5. New Business                               |                |
| A. Emergency planning & preparedness update   | Mark Robertson |
| B. Resource: Custodial Services               | Jolene Deinert |
| C. Other new business                         |                |
| 6. Adjourn                                    | Kyle Hansen    |

**Upcoming Meetings** (at UNLPD, 300 N. 17<sup>th</sup> St. unless otherwise specified):

- January 16, 2018 (Injury/Illness & Safety Audit reports (October-December 2017))

**Proposed Meetings for 2017-18**

- March 27, 2018 OPEN FORUM Nebraska East Union
- May 15, 2018 (Injury/Illness & Safety Audit reports (January-March 2018))
- July 17, 2018 (Injury/Illness & Safety Audit reports (April-June 2018))

Goal FY 2016-17:

*Develop, review, maintain lines of safety communication with the purpose of engaging the campus community, in particular by encouraging all to recognize and report "near misses" or potentially unsafe practices with this information to be used for educational purposes university-wide.*

There was no other New Business.

### **CLOSING REMARKS**

The next meeting will be on January 16, 2018, from 3:00 – 4:00 p.m. at the UNL Police Department large conference room. Chair Kyle Hansen adjourned the meeting at 4:10 p.m.

**Chancellor's University Safety Committee Meeting**  
**Meeting Minutes**  
**November 21, 2017 • 3:00 - 4:00 p.m.**  
**UNLPD Conference Room**

The meeting was convened at 3:00 p.m. by Chair Kyle Hansen (CREC). Members present introduced themselves. Jane Wemhoff introduced Barb McCain who will be taking her place on the CUSC. Due to technical difficulties, no one could attend via Adobe Connect.

**Members:** Beth Whitaker (School of Biological Sciences), Eileen Bergt (Landscape Services), Mark Robertson (UPD Emergency Management), Jolene Deinert (Custodial Services), Loren Swanson (Utilities), Alan Boldt (BSE), Larry Schmid (Central Housing - Facilities), Michael Straatmann (Libraries), Jane Wemhoff & Barb McCain (Housing Dining), Sara Frizzell (Research Compliance), Gayle Schanou (Benefits & Risk Management), Brent Freeman (Nebraska Unions), Pat Dussault (Chemistry), Steve Thomas (SNR), Kim Phelps (University Services), Brenda Osthus (EHS) Betsy Howe (EHS support), Yoko Smith (EHS support)

**Attempting Adobe Connect attendance:** Logan Dana (NEREC), Jody Wood (Office of Institutional Equity and Compliance), Tamra Jackson-Ziems (Plant Pathology Safety Committee)

**FY 2017-2018 (1st Quarter) INJURY INCIDENT REPORT**

There were sixty-seven (67) First Reports of Injury (FRIs) received by EHS for injuries occurring between July 1 and September 30, 2017. Forty-four (44) or 66% were OSHA-Recordable, considered potentially more serious. Twenty (20) were lost time incidents that required employees to be off work, transferred to a different job, or have restricted duties. Injury reporting including a breakdown of OSHA-Recordable incidents by age, a breakdown by Event/Exposure and Worker Type, a listing of OSHA-Recordable injuries and illnesses including department/date/specifics of the incident. Yoko Smith also provided information on pedestrian injuries at UNL over this reporting period. While those injured recently were not asked about cell phone or other device usage at the time of the incident, moving forward this question will become part of the injury incident investigation.

Discussion focused on pedestrian injuries both at UNL and nationally as well as pedestrian death statistics nationally. The question of what the CUSC can contribute to reducing the number of employees injured on sidewalks/parking lots/streets, along with suggestions provided by Yoko Smith stimulated discussion on the Heads Up! campaign and provided information members could share within their spheres of influence.

## **FY 2017-2018 (1st Quarter) SAFETY AUDIT HIGHLIGHT**

Safety audits are conducted of all spaces at UNL on a schedule, based on identified hazards and regulatory requirements. Listed were 45 buildings audited in full or in part during the quarter July 1 – September 30, 2017.

Betsy Howe provided copies of the checklists EHS safety and compliance auditors use for the various space designations: General, Laboratory, Commercial Kitchens, Shops and the Arts. She pointed out similarities and differences between the checklists.

### **OLD BUSINESS**

#### **Progress toward CUSC Goal**

*Goal: “Develop, review, maintain lines of safety communication with the purpose of engaging the campus community, in particular by encouraging all to recognize and report “near misses” or potentially unsafe practices with this information to be used for educational purposes university-wide. “*

Pat Dussault reported that the Chemistry department is now facilitating EHS ‘hands-on’ Fire Extinguisher training several times throughout the year. Beth Whitaker reported that Manter Hall is developing an Emergency Action Plan with maps showing exit routes that will be posted throughout the building.

Alan Boldt reported the College of Engineering recently set up a safety committee and that he is the Chair. This committee is starting out with development of Emergency Action Plans for all College of Engineering buildings/areas.

EHS is providing to all identified safety committees updated business-card-size information to raise awareness of the new Near Miss/Student Injury website URLs. The University Health Center, N-Card Office and School of Natural Resources bookstore all asked for supplies of these cards to have available. Housing also took a supply to share.

#### **Reports on Progress: *Heads Up!* Marketing Campaign**

The main topic was digital signage and whether it was being well used to raise awareness of distracted walking/bicycling/driving. Mark Robertson informed the group that there are 70 different buildings on campus with digital signage. It is up to individual areas to determine which graphics are displayed. Digital signage reaches a large number of occupants and visitors with relatively little effort.

## **Supplier Showcase**

Betsy Howe reported the number of people visiting the CUSC booth this year was down to 129 from over 250 last year. This likely was due to elimination of the 'game cards' used in the past which required attendees to stop by booths to qualify for a prize drawing. However, those who did stop by the CUSC booth seemed more engaged than previous years as evidenced by a larger number of safety poster requests, more business-card-size Near Miss/Student Injury reporting cards distributed, and a number of safety concerns left at the booth with a request for CUSC follow-up.

The list of safety concerns was reviewed and discussed, with several members assuming follow-up as applicable.

There was no other Old Business.

## **NEW BUSINESS**

### **Emergency Planning & Preparedness Update**

Mark Robertson is speaking to the Faculty Senate about including Alertus on classroom computers as a pop-up for UNL Alerts when classes are in session. These pop-ups are now available to Business and Finance staff.

ASUN (Association of Students of the University of Nebraska) has been aggressively pursuing safety issues. Incoming students are more and more trained on the need for safety procedures to be implemented in a variety of emergency situations, including but not limited to active shooter scenarios. ASUN might be a good resource for the CUSC to broaden engagement on all safety topics, including the *Heads Up!* campaign.

Buildings/departments are encouraged to have fire drills. Often such drills uncover things that are not working, for example, procedures or even alarms in certain areas. Mark's emergency preparedness area has been busier than ever helping with Building Emergency Plans and providing situational awareness talks.

### **Safety Committee Resource: Custodial Services**

Jolene Deinert, Custodial Services, shared a number of items:

- Custodial Services workers are encouraged to keep their *Heads Up!* while working with noisy equipment.
- Evacuation plans for various buildings are being revised so that custodial workers evacuate to another building instead of to an outdoor gathering area.
- The Custodial Services training website is adding links for ease of access by their staff, e.g., to the UNL Human Resources website.

- Workers are being reminded to maintain situational awareness, in particular in the workplace.

There was no other New Business.

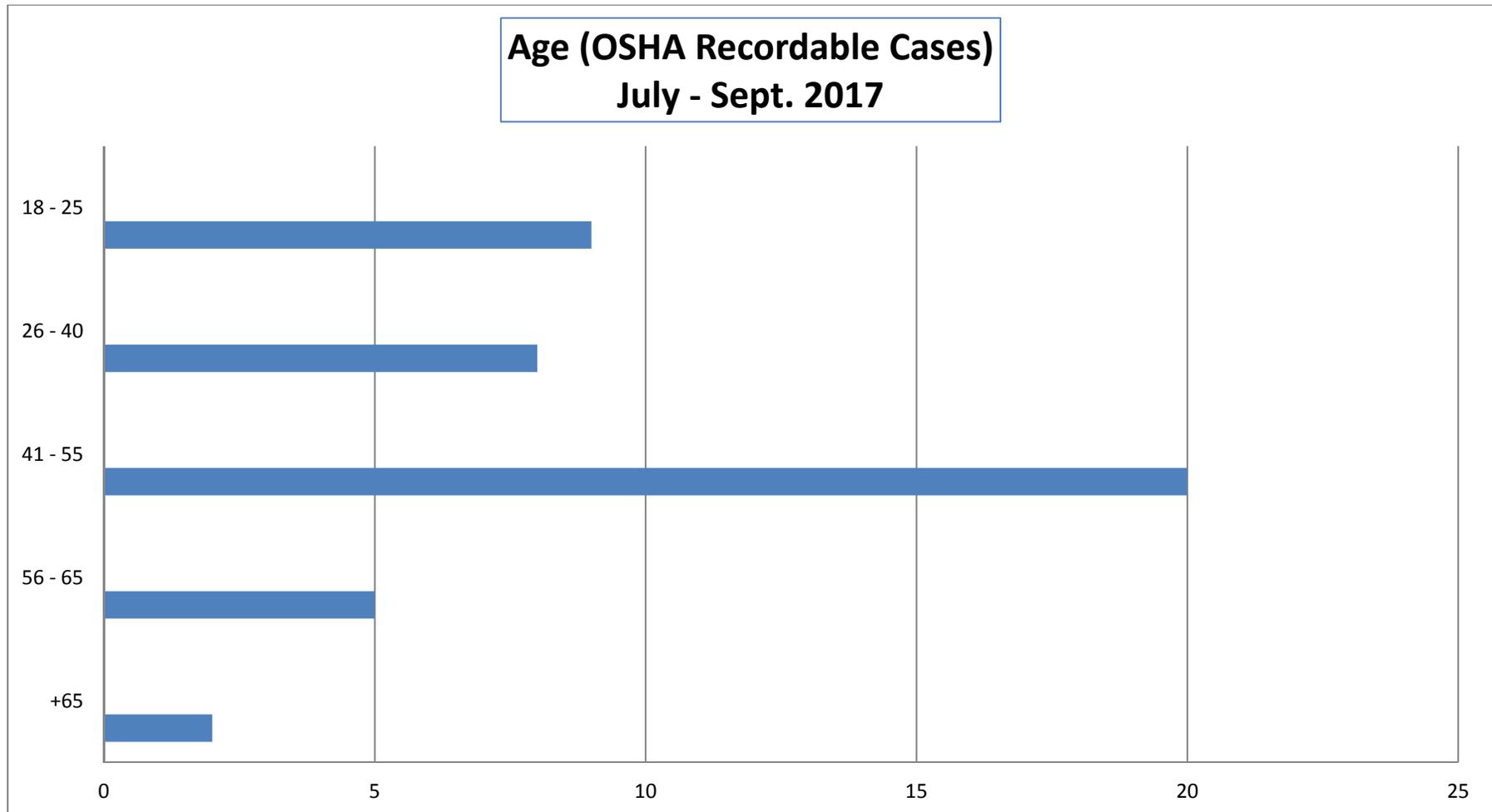
### **CLOSING REMARKS**

The next meeting will be on January 16, 2018, from 3:00 – 4:00 p.m. at the UNL Police Department large conference room. Chair Kyle Hansen adjourned the meeting at 4:10 p.m.

## CUSC Workers Compensation Incident Report (July– September 2017)

As of September 30, 2017, sixty-seven (67) FRIs were received for injuries occurring between July 1 and September 30, 2017.

- Eighteen (18) or 27 % were “report only” (no medical treatment sought).
- Five (5) or 7 % were not OSHA-recordable, meaning they were minor in nature (requiring only one visit to clinic without prescription medication).
  - Forty-four (44) or 66 % were classified as recordable, and are considered potentially more serious. Of those recordable incidents, twenty (20) or 30 % were lost time incidents that required the employees to be off work, to be transferred to a different job or to be under restricted duties.



**OSHA Recordable Incidents from July – Sept. 2017 Event/Exposure by Worker Type**

	Food Service	Public Safety	Building Maintenance	Shop/ Mechanic	Custodial	Lab	Office	Agriculture/ Landscape	Animal Handler	Health Care	Construction	Totals
Overexertion in lifting/ carrying	2 (Fatigue/ stress)											2
Overexertion in holding, carrying, etc.			2 (Location/ position problem, physical mismatch)									2
Overexertion in pushing/ pulling	1 (Fatigue/ stress)				1 (Fatigue/ stress)							2
Bending, climbing, crawling, reaching, twisting			1 (Physical mismatch)		1 (Location/ position problem)				1 (Location/ position problem)	1 (Location/ position problem)		4
Repetitive motion							1 (Fatigue/ stress)					1
Fall	2 (Housekeeping)	1 (Personal – other)	1 (Environmental control not used,		1 (Location/ position problem)		1 (Unable to determine)		1 (Weather conditions)			7
Slips, trips without fall	1 (Deviation from protocol)		1 (Inattention)					3 (Uneven terrain, Housekeeping, inattention)				5
Other contact with objects or equipment			1 (Housekeeping)									1
Struck by /struck against	2 (PPE available but not used, inattention)		5 (Deviation from protocol, inadequate PPE, inattention)	1 (Equipment failure)		3 (Inattention, PPE available but not used)					1 (Equipment defect)	12
Caught in/ Crashed by			1 (Equipment malfunction)						2 (Location/ position problem, unfamiliarity with environment)			3
Exposure to harmful substances	3 (Deviation from protocol, PPE available but not used, Inattention)							1 (Weather conditions)				4
Assaults (animals or persons)									1 (Environment – other)			1

	Food Service	Public Safety	Building Maintenance	Shop/Mechanic	Custodial	Lab	Office	Agriculture/Landscape	Animal Handler	Health Care	Construction	Totals
<b>Totals</b>	11	1	12	1	3	3	2	4	5	1	1	44

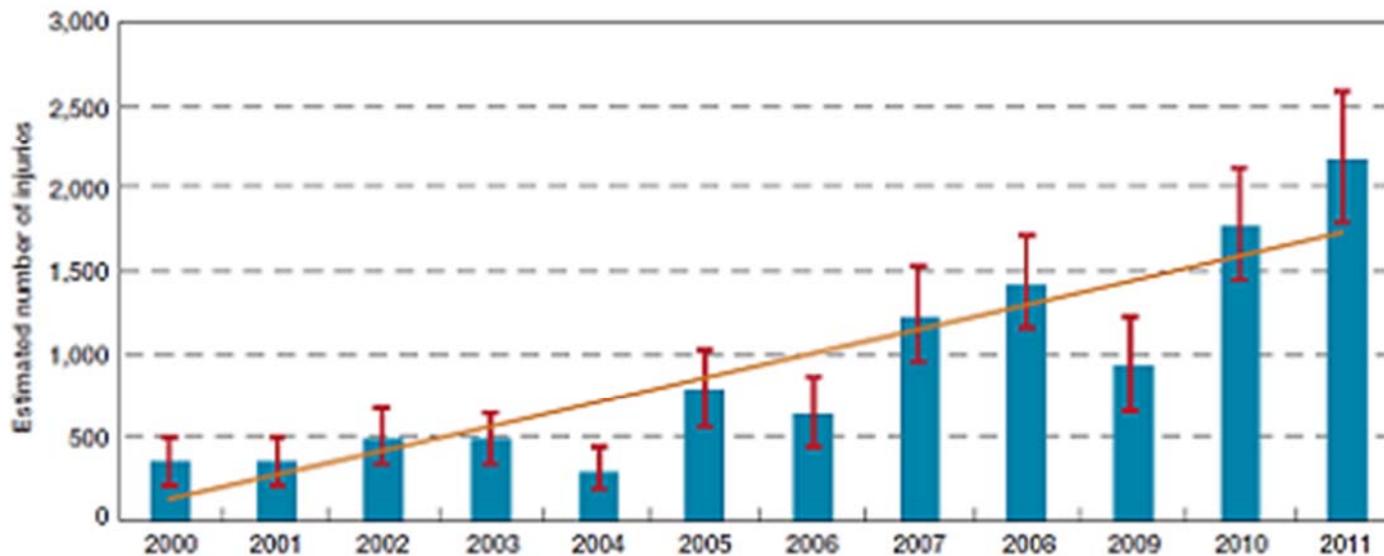
## Pedestrian Injuries

Seven employees were injured while walking on a sidewalk or crossing a street between July 1 and November 10, 2017.

- September 26, 2017. An employee's foot was caught on the sidewalk surface and the employee fell. The employee cracked teeth and cut lips.
- September 29, 2017. An employee was walking on landscaped areas which was covered with protective netting. The employee fell over the netting and sprained left arm and waist.
- October 2, 2017. An employee stepped on a pot hole while crossing a street where it was not designated for pedestrian crossing. The employee sprained left ankle, right shoulder, right arm, back and neck.
- October 9, 2017. An employee tripped and fell while crossing a street. The employee bruised chest, left arm and both hands.
- October 14, 2017. An employee fell on a curb while walking to a parking lot. The employee fractured right knee cap and leg.
- October 18, 2017. An employee slipped and fell on a sidewalk curb. The employee bruised left arm and wrist.
- November 2, 2017. An employee tripped on a sidewalk curb and fell to the ground. The employee fractured right foot.

Is cellphone use contributing to the increase?

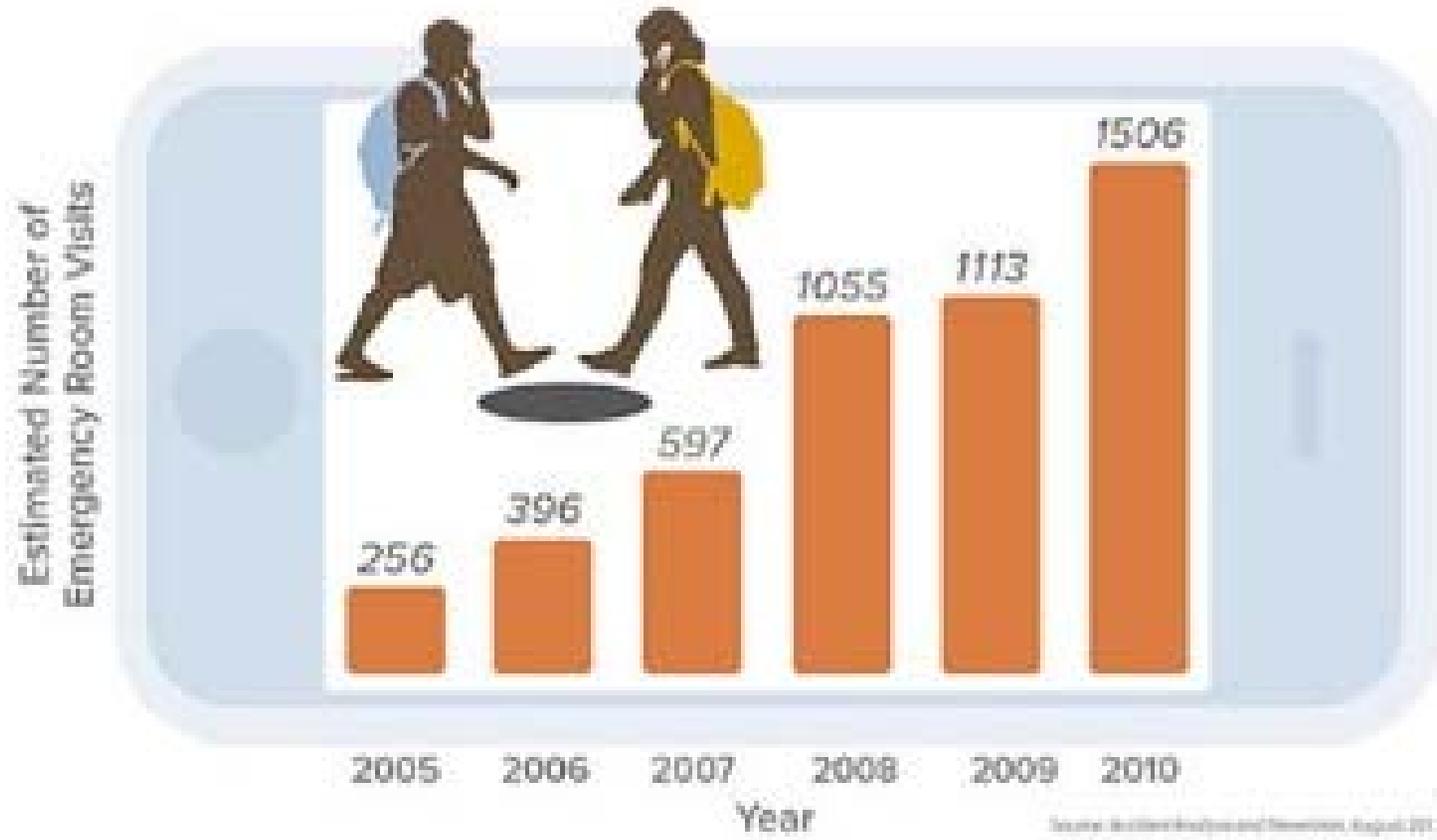
**National estimates for cell-phone-related distraction injuries derived from NEISS database, United States, 2000-2011**



*Note: error bars indicate standard deviations.*

(Source: <http://www.nsc.org/Connect/NSCNewsReleases/Lists/Posts/Post.aspx?List=1f2e4535-5dc3-45d6-b190-9b49c7229931&ID=15&Web=36d1832e-7bc3-4029-98a1-317c5cd5c625> )

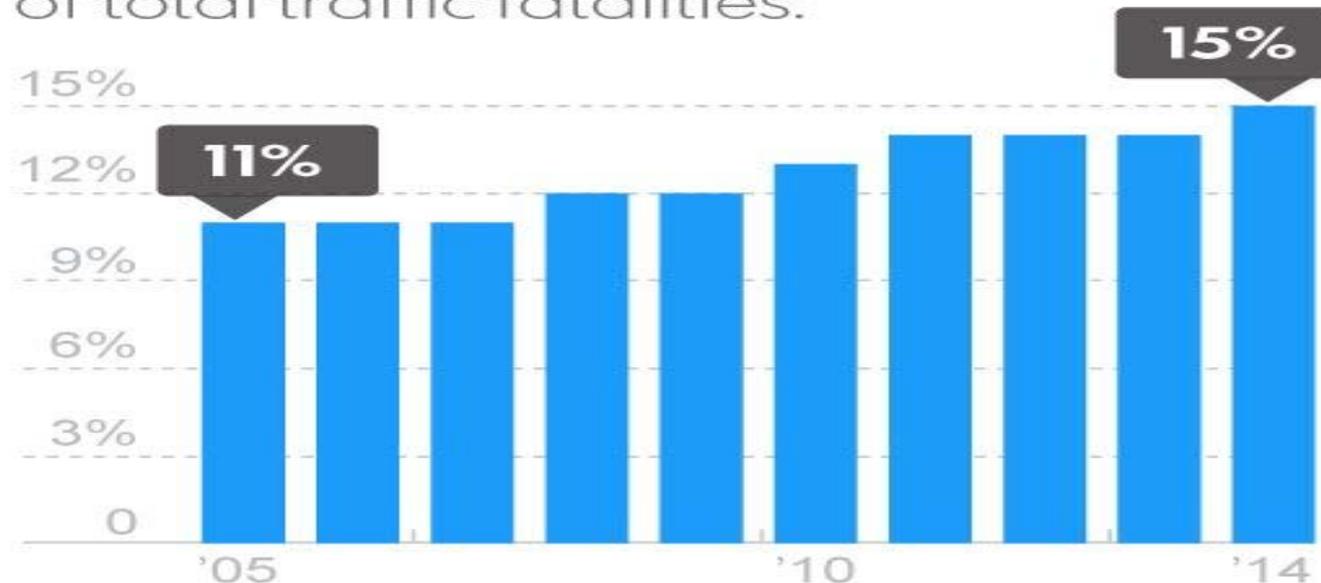
# Distracted Walking



(Source: <https://news.osu.edu/news/2013/06/19/distractwalk/>)

# PEDESTRIAN DEATHS

Pedestrian deaths as a percentage of total traffic fatalities:



SOURCE: National Highway Traffic Safety Administration  
Jim Sergent, USA TODAY



(Source: <https://www.usatoday.com/story/news/2016/03/08/pedestrian-fatalities-surge-10-percent/81483294/>)

## What can CUSC contribute to reducing the number of employees injured on sidewalks/parking lots/street?

- Heads-up promotion?
- Raise awareness at the department levels.
  - Look left, right and left again before crossing the street; looking left a second time is necessary because a car can cover a lot of distance in a short amount of time
  - Only cross at designated crosswalks
  - Be aware of drivers even when you're in a crosswalk; vehicles have blind spots
  - Don't wear headphones while walking
  - Never use a cell phone or other electronic device while walking
  - If your view is blocked, move to a place where you can see oncoming traffic
  - Never rely on a car to stop
  - Report uneven sidewalks and pot holes in university properties to Landscape Services (Phone: 402-472-1550).

## Safety Audit Overview (July 1 – September 30, 2017)

Safety & Compliance Audits are conducted of all spaces at UNL on a schedule, based on identified hazards and regulatory requirements. A 'space' is defined as an area on the official GIS map with a number and/or word designation and includes areas such as secondary rooms, corridors, storage areas, etc. During this past quarter, areas within 45 buildings were audited:

Abel Residence Hall	Keim Hall
Abel Sandoz Food Services	Leverton Hall
Agronomy/Horticulture Physiology	Lied Center for the Performing Arts
Animal Science Storage Building	Lionel Harris Building
Animal Sciences Complex	Loafing Shed
Architectural Hall West	Manter Hall
Baker Hall	Material Handling Facility
Beadle Center	Midwest Roadside Safety Facility Test
Bessey Hall	Nebraska Hall
Biosciences Greenhouses - Beadle	Natural Resource Research Annex
Chase Hall	Osborne Athletic Complex
East Stadium	PHREC Elliott Facility
Entomology	Plant Sciences Hall
Food Innovation Center	Selleck Food Service Building
Facilities Management C	Scott Engineering Center
Food Industry Complex	Temple Building
Hamilton Hall	Theodore Jorgensen Hall
Hardin Hall	Veterinary Basic Science Bldg
Harper Dining Center	WCREC Entomology
Hawks Championship Center	WCREC Greenhouse
Innovation Commons Conference Center	WCREC Wm. P. Snyder Admin Building
Insecticide Storage Building	Wittier Building
ITS Annex	

### Audit Guidelines Overview:

EHS safety and compliance auditors often receive questions about what auditors are looking for when conducting audits. EHS auditors use one of four different checklists, base on the space attributes. Copies of the checklists are provided: General, Laboratory, Commercial Kitchen, and Shop & Arts.

Those conducting theoretical research and working in offices often think there are no potential hazards in their workplace. As we've shown over the years, there are. Often deficiencies identified in "General" areas are related to electricity.

There are some similarities between the types of surveys:

- General Electrical Safety, Fire and Life Safety, Waste Management Concerns, and Administrative & Other Concerns (such as training, housekeeping, ladders/step stools) are evaluated in all surveys.
- Chemical Safety and Personal Protective Equipment evaluation is a component of Laboratory, Commercial Kitchen, and Shop/Arts Surveys.

- Laboratory, Commercial Kitchen, and the Shops & Arts survey cover sets of potential hazards related specifically to the type of area, for example:
  - In laboratories, there is a section on Laboratory and Engineering Controls and one specifically covering Ventilated Cabinets.
  - In commercial kitchens, there is a section on Equipment & Machinery. This looks at items such as machine guarding, latch releases in walk-in coolers and freezers, knives, carts and trolley.
  - In shops and areas used in conducting operations/research related to the arts (such as Temple, Richards, Woods) there are sections on Hand Tools, Welding Operations, Cranes and Hoists, Compressed Air, and a large number of specific pieces of equipment, in addition to General Equipment/Machines items.

## General Safety & Compliance Survey

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>00NV</b>	<b>No Deficiency Found</b>				
(0NV01)	No potential deficiencies were found at the time of the safety survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>01ELE</b>	<b>General Electrical Safety</b>				
(ELE01)	Relocatable Power Taps, power strips or extension cords are not plugged directly into a permanently installed electrical outlet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE02)	Extension cords are not restricted to temporary use, or multi-plug adapters are used as a substitute for permanent wiring or receptacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE03)	Electrical cords and/or plugs are not protected from damage and/or are not in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE04)	Unused openings in cabinets, boxes, and/or fittings are not closed with appropriate covers, plugs or plates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE05)	Equipment and/or outlets are not enclosed to protect against shocks or electrocution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE06)	Ground Fault Circuit Interrupters (GFCI) are not installed on outlets/circuits in damp/wet locations or outlets in damp/wet locations are not protected by water-tight housings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE07)	Relocatable power taps or similar devices are not UL or FM approved, or are not used solely for low power applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE08)	Electrical equipment (including appliances) are not UL or FM approved or have been altered in a manner that compromises the UL or FM approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE09)	Three feet of clearance is not maintained in front of electrical panels or breaker boxes; or emergency shut-off controls to equipment are blocked/inaccessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>01ELE</b>	<b>General Electrical Safety</b>				
(ELE10)	Other electrical safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>02FLS</b>	<b>Fire &amp; Life Safety</b>				
(FLS01)	Fire extinguishers are not present, of the appropriate class, accessible, fully charged, mounted in their intended cabinet or bracket, or have not been inspected within the last year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FLS02)	General housekeeping is not observed (including excessive storage of ordinary combustibles and safe egress).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FLS03)	Means of egress (e.g. stairwells, exit doors, and common paths leading thereto) are not maintained free of all obstructions or impediments to full instant use in case of fire or other emergency; or are used for storage of combustible materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FLS04)	Fire doors are held open with inappropriate device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FLS05)	18" of clearance is not maintained from sprinkler heads and/or 24" of clearance is not maintained from the ceiling in non-sprinkled spaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FLS06)	Fire alarm pull stations and/or fire strobes are obstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FLS07)	Emergency exit signs are broken, not illuminated, obstructed from viewing, or missing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FLS08)	Combustibles are not protected from heat/flame sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FLS09)	Other fire or life safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>03WAS</b>	<b>Hazardous Waste Management</b>				

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>03WAS</b>	<b>Hazardous Waste Management</b>				
(WAS01)	Waste containers are not appropriately labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS02)	Collection containers are not in good condition and/or compatible with the contents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS03)	Collection containers are not closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS04)	Volumes of waste in storage exceed satellite accumulation limits (55 gallons or 1 quart of P-listed) or are not stored in the same area where generated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS05)	There is visual evidence of improper disposal (e.g., trash, drain, evaporation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS06)	Abandoned chemicals are present (e.g. unlabeled/unknown/unwanted/unneeded, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS07)	Solder and solder contaminated materials are not properly collected and tagged for pick up by EHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS08)	Spill residues/materials, wipers/rags, bench papers or PPE contaminated with solvents, listed chemicals or are otherwise characteristically hazardous are not properly collected and tagged for pick up by EHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS09)	Radioactive materials are not stored in a container identified with the name of the isotope, the radiation trefoil symbol, and the words "Caution Radioactive Material".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS10)	Universal wastes are not appropriately containerized, labeled, dated and/or managed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS11)	Other waste management concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>04OTH</b>	<b>Administrative &amp; Other Safety Concern</b>				

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>04OTH Administrative &amp; Other Safety Concern</b>					
(OTH01)	Furnishings and/or equipment is/are not stable, designed for the intended load, or used/secured in a manner to prevent injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH02)	Conditions of use create an uncontrolled hazard, or activities occurring in the space are contrary to design.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH03)	Structural or building material defects create a hazard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH04)	Required training has not been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH05)	Written emergency plans are lacking or incomplete or employees are not aware of the content of the plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH06)	Ladders or step stools are not structurally sound, in good condition, or appropriate for intended use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH07)	Other general safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>05SPE Special Topics for Further Investigation</b>					
(SPE01)	Specialty PPE in use without enrollment in related EHS program (e.g., hearing protection or respiratory protection.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(SPE02)	Other Special Safety Topic Concern (e.g., PIT, Aerial Lift, Cranes & Hoists, Confined Spaces or Stormwater.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Additional Comments:**

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## Lab Safety & Compliance Survey

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>00NV</b>	<b>No Deficiency Found</b>				
(0NV01)	No potential deficiencies were found at the time of the safety survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>01CHE</b>	<b>Chemical Safety</b>				
(CHE01)	Entrances to areas where hazardous chemicals are stored are not identified with a laboratory door placard, or the placard and/or hazard assessment is illegible or inaccurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE02)	An accurate inventory of hazardous chemicals stored or used in the area is not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE03)	Employees are not aware of how to access SDSs for hazardous chemicals that are stored or used in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE04)	Chemical containers, including compressed gas cylinders, are not adequately labeled (labels are missing, illegible, or incomplete).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE05)	Chemicals are not stored in a safe and proper manner. (e.g. seg. by compatibility, unnecessary cylinders stored w/in the lab, flam. liq. outside of rated cabinets, flam. liq. in regular fridge or freezer, Spill scenario of > 20 L, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE06)	Chemicals that may become hazardous upon prolonged storage are not dated, have not been tested at the appropriate interval, or have been stored for an excessive period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE07)	Quantity of chemicals outside of storage is greater than the minimal feasible quantity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE08)	There is evidence of food/drink consumption in the areas where chemicals are used or stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE09)	Fire extinguishers are not present, of the appropriate class, accessible, fully charged, mounted in their intended cabinet or bracket, or have not been inspected within the last year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>01CHE</b>	<b>Chemical Safety</b>				
(CHE10)	Emergency shower and/or eyewash are not immediately available, accessible, and/or operable in areas where any material that can have an adverse effect on the health and safety of humans is used. Eyewashes and showers have not been tested regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE11)	Adequate and appropriate chemical spill supplies are not readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE12)	Other chemical safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>02ELE</b>	<b>General Electrical Safety</b>				
(ELE01)	Relocatable Power Taps, power strips, or extension cords are not plugged directly into a permanently installed electrical outlet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE02)	Extension cords are not restricted to temporary use, or multi-plug adapters are used as a substitute for permanent wiring or receptacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE03)	Electrical cords and/or plugs are not protected from damage and/or are not in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE04)	Unused openings in cabinets, boxes, and fittings are not closed with appropriate covers, plugs, or plates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE05)	Equipment and/or outlets are not enclosed to protect against shock or electrocution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE06)	Ground Fault Circuit Interrupters (GFCI) are not installed on outlets/circuits in damp/wet locations or outlets in damp/wet locations are not protected by water-tight housings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE07)	Relocatable power taps or similar devices are not UL or FM approved, or are not used solely for low power applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE08)	Electrical equipment (includes appliances) are not UL or FM approved or have been altered in a manner that compromises the UL or FM approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>02ELE</b>	<b>General Electrical Safety</b>				
(ELE09)	Three feet of clearance is not maintained in front of electrical panels or breaker boxes; or emergency shut-off controls to equipment are blocked/inaccessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE10)	Other electrical safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>03GAS</b>	<b>Compressed Gas Cylinders</b>				
(GAS01)	Toxic, corrosive or pyrophoric gases are used/stored outside of a fume hood/gas cabinet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(GAS02)	Compressed gas cylinders are not properly restrained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(GAS03)	Tubing, regulator, and other ancillary compressed gas cylinder equipment is in poor condition or not appropriate for the intended use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(GAS04)	Valve caps are not in place when cylinders are out of service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(GAS05)	Other compressed gas cylinder safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>04VEN</b>	<b>Ventilated Cabinets</b>				
(VEN01)	Ventilated cabinet certification is expired; or certification sticker is missing or illegible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(VEN02)	Ventilated cabinet is being used in a manner contrary to its design (e.g., cluttered, compromised, wrong sash height, etc.) or intended use (e.g., heated perchloric acid operations in a regular hood).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(VEN03)	Ventilated cabinet is used for chemical storage (other than items requiring a ventilated enclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(VEN04)	Other ventilated cabinet safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>05WAS</b>	<b>Hazardous Waste Management</b>				
(WAS01)	Waste containers are not appropriately labeled (chemical name and indication that the material is no longer useable for its intended purpose).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS02)	Collection containers are not in good condition and/or compatible with the contents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS03)	Collection containers are not closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS04)	Volumes of waste in storage exceed satellite accumulation limits (55 gallons or one quart of P-listed) or are not stored in the same area where generated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS05)	There is visual evidence of improper disposal (e.g., trash, drain, evaporation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS06)	Abandoned chemicals are present (e.g. unlabeled, unknown, unwanted, unneeded, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS07)	Solder and Solder contaminated materials are not properly collected and tagged for pick up by EHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS08)	Spill residues/materials, wipers/rags, bench papers or PPE contaminated with solvents, listed chemicals or are otherwise characteristically hazardous are not properly collected and tagged for pick up by EHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS09)	Radioactive materials are not stored in a container identified with the name of the isotope, the radiation trefoil symbol, and the words "Caution Radioactive Material."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS10)	Universal wastes are not appropriately containerized, labeled, dated, and/or managed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS11)	Other waste management concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>06PPE</b>	<b>Personal Protective Equipment</b>				

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>06PPE</b>	<b>Personal Protective Equipment</b>				
(PPE01)	Personal protective equipment is not available, accessible, consistently used by employees, and/or appropriate for the operation(s) conducted, sized or properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(PPE02)	Clothing and/or footwear is not appropriate for the lab.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(PPE03)	Other PPE Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>07LAB</b>	<b>Laboratory &amp; Engineering Controls</b>				
(LAB01)	Sharps are not properly managed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(LAB02)	General housekeeping is not observed in the lab (including excessive storage of ordinary combustibles and safe egress from the lab). Effective pest management is not observed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(LAB03)	Means of egress (e.g., stairwells, exit doors, and common paths leading thereto) are not maintained free of all obstructions or impediments to full instant use in case of fire or other emergency; or are used for storage of combustible materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(LAB04)	18" of clearance is not maintained from sprinkler heads and/or 24" of clearance is not maintained from the ceiling in non-sprinkled spaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(LAB05)	Fire alarm pull stations and/or fire strobes are obstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(LAB06)	Furnishings and/or equipment is/are not stable, designed for the intended load, or used/secured in a manner to prevent injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(LAB07)	Engineering controls are lacking, inappropriate, ineffective, or not consistently used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(LAB08)	The integrity of one or more building systems (e.g., electrical, HVAC, plumbing) has been compromised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>07LAB Laboratory &amp; Engineering Controls</b>					
(LAB09)	Machines and equipment are in operation without sufficient and/or proper guarding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(LAB10)	Other Lab or Engineering Control Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>08OTH Administrative and Other Safety Concerns</b>					
(OTH01)	Room is not authorized for current use of registered/licensed material.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH02)	Required training has not been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH03)	Written safety plans are lacking or incomplete (e.g., Virtual Manual/Chemical Hygiene Plan, Biosafety Manual, etc.) or employees do not know how or where to access plans and protocols.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH04)	Other administrative or general safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>09SPE Special Topics for Further Investigation</b>					
(SPE01)	Specialty PPE in use without enrollment in related EHS program. (e.g. Hearing protection, respiratory protection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(SPE02)	Other Special Safety Topic Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>10BIO Basic Biosafety</b>					
(BIO01)	Biosafety training is not current. Required online training has not been completed. Annual refresher training has not been completed or documented within the past year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(BIO02)	Staff working in the lab have not been added to the IBC protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>10BIO</b>	<b>Basic Biosafety</b>				
(BIO03)	A biohazardous spill kit is not available in the lab or is not appropriately stocked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(BIO04)	Work surfaces and/or biohazardous waste are not properly or appropriately decontaminated; or waste is not properly stored prior to disposal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(BIO05)	Furniture, chairs and other surfaces are not easily disinfected. Carpet is present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(BIO06)	Other concerns which may require the attention of the BSO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Additional Comments:**

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## Commercial Kitchen Survey

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>00NV</b>	<b>No Violation</b>				
(0NV01)	No potential deficiencies were found at the time of the safety survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>01CHE</b>	<b>Chemical Safety</b>				
(CHE01)	Entrances to areas where hazardous chemicals are stored are not identified with a door placard, and/or the placard is illegible or inaccurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE02)	An accurate inventory of hazardous chemicals stored or used in the area is not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE03)	Employees are not aware of how to access SDSs for hazardous chemicals that are stored or used in the area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE04)	Chemical containers, including compressed gas cylinders, are not adequately labeled (labels are missing, illegible, or incomplete).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE05)	Chemicals are not stored in a safe and proper manner (e.g. proper restraint of compressed gas cylinders and storage of cylinders with valve caps in place, segregated by compatibility, flammables outside of proper flammable liquids cabinets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE06)	There is evidence of food/drink consumption in the area where chemicals are used or stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE07)	ANSI-compliant emergency shower and/or eyewash is not immediately available, accessible, and/or operable in areas where any material that can have an adverse effect on health and safety of humans is used. Eyewashes have not been tested regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE08)	Adequate and appropriate chemical spill supplies are not readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE09)	Other chemical safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>02ELE</b>	<b>Electrical Safety</b>				
(ELE01)	Relocatable Power Taps, power strips, extension cords, or multi-plug adapters are not plugged directly into a permanently installed electrical outlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE02)	Extension or flexible cords are not restricted to temporary use, or multi-plug adapters are used as a substitute for permanent wiring or receptacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE03)	Electrical cords and/or plugs are not protected from damage and/or are not in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE04)	Unused openings in cabinets, boxes, and fittings are not closed with appropriate covers, plugs, or plates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE05)	Equipment and/or outlets are not enclosed to protect against shock or electrocution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE06)	Ground Fault Circuit Interrupters (GFCI) are not installed on outlets/circuits in damp/wet locations or outlets in damp/wet locations are not protected by water-tight housings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE07)	Relocatable Power Taps or similar devices are not UL or FM approved or are not used solely for low power applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE08)	Electrical equipment (including appliances) are not UL or FM approved or have been altered in a manner that compromises the UL or FM approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE09)	Three feet of clearance is not maintained in front of electrical panels or breaker boxes; or emergency shut-off controls to equipment are blocked/inaccessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE10)	Other electrical safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>03MAC</b>	<b>Equipment &amp; Machinery</b>				
(MAC01)	Machine/equipment is in need of cleaning or maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>03MAC Equipment &amp; Machinery</b>					
(MAC02)	Cord or plug is not in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(MAC03)	Covers are not in place to prevent operator exposure to power transmission components (e.g., belts, pullies, conveyor belts, rotating shafts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(MAC04)	If hard-wired, disconnect means to facilitate lockout/tagout is not present or adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(MAC05)	Guards are not in place or are defective on kitchen appliances (e.g. dough mixers, food processors, mincers, slicers, conveyors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(MAC06)	Ancillary equipment to prevent lacerations, amputations, etc. are not available or are defective (e.g., push sticks for food processors and slicers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(MAC07)	Knives are not stored properly or are in poor condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(MAC08)	Lighting is insufficient to support safe conduct of work activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(MAC09)	The inside latch release in a walk-in cooler or freezer is missing, inoperable, or in need of maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(MAC10)	Carts and trolleys used for moving heavy or awkward items are not available, of appropriate design, or in a state of good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(MAC11)	Other Equipment/Machinery safety concerns e.g., positioning/controls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>04FIR Fire &amp; Life Safety, Housekeeping</b>					
(FIR01)	Portable fire extinguishers are not present, of the appropriate class, accessible, fully charged, mounted in their intended cabinet or bracket, or have not been inspected within the last year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>04FIR</b>	<b>Fire &amp; Life Safety, Housekeeping</b>				
(FIR02)	Automatic Kitchen Fire Suppression System has not been inspected/tested in the last six months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR03)	General housekeeping is not observed (e.g., excessive storage of ordinary combustibles, wet/greasy floors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR04)	Means of egress (e.g., stairwells, exit doors, and common paths leading thereto) are not maintained free of all obstructions or impediments to full instant use in case of fire or other emergency; or are used for storage of combustible materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR05)	18" of clearance is not maintained from sprinkler heads and/or 24" of clearance is not maintained from the ceiling in non-sprinkled spaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR06)	Fire alarm pull stations and/or fire strobes are obstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR07)	Emergency exit signs are broken, not illuminated, obstructed from view or missing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR08)	Combustibles are not protected from heat/flame sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR09)	Other Fire & Life Safety or Housekeeping concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>05OTH</b>	<b>Administrative and Other Safety Concerns</b>				
(OTH01)	Furnishings and/or equipment is/are not stable, designed for the intended load, or used/secured in a manner to prevent injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH02)	Stock items are stored in a manner that creates a hazard (e.g., heavy items placed high or very low, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH03)	Required training has not been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH04)	Ladders or step stools are not structurally sound, of the appropriate rated capacity, in good condition, or appropriate for intended use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>05OTH</b>	<b>Administrative and Other Safety Concerns</b>				
(OTH05)	Other administrative or safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>06WAS</b>	<b>Hazardous Waste Management</b>				
(WAS01)	Regulated waste management deficiency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>07PPE</b>	<b>Personal Protective Equipment</b>				
(PPE01)	PPE is not available, accessible, consistently used by employees, and/or appropriate for the operation(s) conducted, sized, or properly maintained (e.g., cut-resistant gloves, heat-resistant aprons and sleeves, oven mitts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(PPE02)	Clothing and/or footwear is not appropriate for the work area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Additional Comments:**  
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## Shop & Arts Work Area Survey

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>00NV</b>	<b>No Deficiency Found</b>				
(0NV01)	No potential deficiencies were found at the time of the safety survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>01CHE</b>	<b>Chemical Safety</b>				
(CHE01)	Entrances to areas where hazardous chemicals are stored are not identified with a placard and/or the placard is illegible or inaccurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE02)	An accurate inventory of hazardous chemicals stored or used in the area is not available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE03)	Employees are not aware of how to access SDSs for hazardous chemicals that are stored or used in the area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE04)	Chemical containers, including compressed gas cylinders, are not adequately labeled (labels are missing, illegible, or incomplete).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE05)	Chemicals are not stored in a safe and proper manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE06)	There is evidence of food/drink consumption in the area where chemicals are used or stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE07)	Emergency eyewash and/or shower, if appropriate, is/are not immediately available, accessible, and/or operable in areas where any material that can have an adverse effect on health and safety of humans is used. Eyewashes haven't been regularly tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE08)	Adequate and appropriate chemical spill supplies are not readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CHE09)	Other chemical safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>02ELE</b>	<b>General Electrical Safety</b>				

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>02ELE</b>	<b>General Electrical Safety</b>				
(ELE01)	Relocatable Power Taps, power strips, or extension cords are not plugged directly into a permanently installed electrical outlet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE02)	Extension cords are not restricted to temporary use, or multi-plug adapters are used as a substitute for permanent wiring or receptacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE03)	Electrical cords and/or plugs are not protected from damage and/or are not in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE04)	Unused openings in cabinets, boxes, and fittings are not closed with appropriate covers, plugs, or plates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE05)	Equipment and/or outlets are not enclosed to protect against shock or electrocution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE06)	Ground Fault Circuit Interrupters (GFCI) are not installed on outlets/circuits in damp/wet locations or outlets in damp/wet locations are not protected by water-tight housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE07)	Relocatable Power Taps or similar devices are not UL or FM approved, or are not used solely for low power applications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE08)	Electrical equipment (includes appliances) are not UL or FM approved or have been altered in a manner that compromises the UL or FM approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE09)	Three feet of clearance is not maintained in front of electrical panels, breaker boxes, switches/disconnects; or emergency shut-off controls to equipment are blocked/inaccessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(ELE10)	Other electrical safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>03WAS</b>	<b>Hazardous Waste Management</b>				
(WAS01)	Waste containers are not appropriately labeled (chemical name and indication that the material is no longer usable for its intended purpose).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>03WAS</b>	<b>Hazardous Waste Management</b>				
(WAS02)	Collection containers are not in good condition and/or compatible with the contents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS03)	Collection containers are not closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS04)	Volumes of waste in storage exceed satellite accumulation limits (55 gallons or one quart of P-listed) or are not stored in the same area where generated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS05)	There is visual evidence of improper disposal (e.g., trash, drain, evaporation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS06)	Abandoned chemicals are present (e.g., unlabeled, unknown, unwanted, unneeded, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS07)	Solder and Solder-contaminated materials are not properly collected and tagged for pickup by EHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS08)	Spill residues/materials, wipers/rags, bench papers or PPE contaminated with solvents, listed chemicals or are otherwise characteristically hazardous are not properly collected and tagged for pickup by EHS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS09)	Universal wastes are not appropriately containerized, labeled, dated, and/or managed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(WAS10)	Other Waste Management Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>04PPE</b>	<b>Personal Protective Equipment</b>				
(PPE01)	PPE is not available, accessible, consistently used by employees, and/or appropriate for the operation(s) conducted, sized, or properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(PPE02)	Clothing and/or footwear is not appropriate for the work area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>04PPE</b>	<b>Personal Protective Equipment</b>				
(PPE03)	Other PPE concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>05FIR</b>	<b>Fire &amp; Life Safety; General Housekeeping</b>				
(FIR01)	Portable fire extinguishers are not present, of the appropriate class, accessible, fully charged, mounted in their intended cabinet or bracket, or have not been inspected within the last year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR02)	General housekeeping is not observed (e.g., excessive storage of ordinary combustibles, combustible dust or art media dusts/debris build-up, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR03)	Means of egress (e.g., stairwells, exit doors, and common paths leading thereto) are not maintained free of all obstructions or impediments to full instant use in case of fire or other emergency; or are used for storage of combustible materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR04)	18 inches of clearance is not maintained from sprinkler heads and/or 24 inches of clearance is not maintained from the ceiling in non-sprinkled spaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR05)	Fire alarm pull stations and/or fire strobes are obstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR06)	Stock material, equipment or similar items are not stable, designed for the intended load, or used/secured in a manner to prevent injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR07)	Dust collection systems are not adequately maintained, or are not present or used in a manner that minimizes exposures to harmful substances or accumulations of combustible dusts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR08)	Local ventilation devices are not present or do not provide adequate containment of fumes and vapors or substantial heat and/or odor sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(FIR09)	Lighting is insufficient to support safe conduct of work activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>05FIR</b>	<b>Fire &amp; Life Safety; General Housekeeping</b>				
(FIR10)	Other Fire & Life Safety or Housekeeping concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>06OTH</b>	<b>Administrative and Other Safety Concerns</b>				
(OTH01)	Ladders or step stools are not structurally sound, of the appropriate rated capacity, in good condition, or appropriate for intended use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH02)	Handwashing sink is not available or in working condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH03)	Required training has not been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH04)	Written emergency and safety procedures, including Virtual Manual, owner's manuals for each piece of equipment are lacking or incomplete or employees do not know how or where to access the plans or procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(OTH05)	Other Administrative Controls concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>07CRN</b>	<b>Cranes and Hoists</b>				
(CRN01)	Cranes, hoists (including hooks), or their controls are not in good condition or are not marked with the rated load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CRN02)	Slings or other lifting devices are not in good condition, not marked with their capacity, used beyond their capacity or used inappropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(CRN03)	Cranes, hoists or associated lifting equipment is not inspected at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>08AIR</b>	<b>Compressed Air</b>				
(AIR01)	Compressed air system is not properly equipped with a gauge or regulator; or gauge or regulator is defective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>08AIR Compressed Air</b>					
(AIR02)	Air used for surface cleaning not limited to 30 psi through a regulator or safety nozzle; or compressed air is used for cleaning of a person's clothing or skin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(AIR03)	Hoses, compression fittings, and/or tank/reservoir is not in good condition (e.g. rusting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>09EQP General Equipment/Machines</b>					
(EQP01)	Machine/equipment is in need of cleaning or maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(EQP02)	Cords or plug is not in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(EQP03)	Covers are not in place to prevent operator exposure to power transmission components (e.g., belts, pulleys, rotating shafts, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(EQP04)	If hard-wired, disconnect means to facilitate lockout/tagout is not present or adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(EQP05)	Positioning of machine/equipment creates hazardous conditions (too cramped considering size of feedstock, too close to other machines/equipment, placed near foot traffic where operator can be bumped, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(EQP06)	Tools or excess materials are left on/near the machine creating a hazard while it is in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(EQP07)	On/off controls are not clearly labeled as to their function; or are not appropriately located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(EQP08)	Other General Equipment Machine safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>10EQP Hand Tools</b>					

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>10EQP Hand Tools</b>					
(1EP01)	Housing is not in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(1EP02)	Guards are missing, inoperable, in poor condition, or improperly aligned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(1EP03)	Tool is not double insulated or equipped with a three-pronged cord.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(1EP04)	Electric tool cord is damaged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(1EP05)	Ancillary parts are damaged (e.g., warped, dull, or cracked blades, cracked or marred drill bits, chipped or warped grinding wheels, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>11EQP Welding Operations</b>					
(2EP01)	Cylinders are not properly managed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2EP02)	Tubing, regulator, or other ancillary compressed gas cylinder equipment is in poor condition or not appropriate for the intended use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2EP03)	Welding area is not free of combustible materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2EP04)	Arc Welder, cables, grounding clamps, or electrode holders is not in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2EP05)	Adequate ventilation or respiratory protection is not provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(2EP06)	Other welding safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>12EQP Drill Press</b>					
(3EP01)	Floor model is not secured to the floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>12EQP Drill Press</b>					
(3EP02)	Guarding or chip shield is missing or damaged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(3EP03)	Other drill press safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>13EQP Grinders - Bench &amp; Pedestal</b>					
(4EP01)	Side guards are missing, deficient, or improperly positioned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(4EP02)	Tongue guard is not adjusted to within ¼" of the wheel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(4EP03)	Tool rest is not adjusted to within 1/8" of the grinding wheel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(4EP04)	Grinding wheel is not in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(4EP05)	Other grinder safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>14EQP Jointer</b>					
(5EP01)	Cutter guard is missing or damaged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(5EP02)	Other jointer safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>15EQP Lathe - Metal</b>					
(6EP01)	Chuck is not appropriately shielded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(6EP02)	Point of operation is not appropriately shielded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>15EQP Lathe - Metal</b>					
(6EP03)	Lead screw is not properly shielded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(6EP04)	Other metal lathe safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>16EQP Lathe - Wood</b>					
(7EP01)	Safety shield is not present, is damaged, or does not extend the entire length of the bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(7EP02)	Spindle is not guarded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(7EP03)	Other wood lathe safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>17EQP Mills, Forming Presses, Shears, Ironworkers</b>					
(8EP01)	Point of operation is not fully guarded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(8EP02)	Foot pedal(s) is not fully enclosed (or appropriate for work being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(8EP03)	Other Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>18EQP Planer - Wood</b>					
(9EP01)	Guard is not present for exposed portions of the cutting head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(9EP02)	Guard is not present for feed rollers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(9EP03)	Other wood planer safety concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>19EQP Sander - Spindle, Horizontal or Vertical Belt</b>					
(10EP1)	Guard is missing or damaged for unused portions of the sanding belt/spindle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(10EP2)	Guard is missing or damaged for unused portions of the belt/pulley mechanism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(10EP3)	Work rest or table is not properly adjusted (<1/8").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(10EP4)	Other Sander Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>20EQP Saw - Radial Arm</b>					
(11EP1)	Carriage does not travel easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(11EP2)	Hood guard is damaged or missing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(11EP3)	Lower blade guard is missing, damaged, or does not protect both sides of the blade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(11EP4)	If saw is used for ripping lumber, anti-kick back devices is missing or damaged; and/or a splitter is not used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(11EP5)	Saw is able to move past the edge of the table.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(11EP6)	Other Radial Arm Saw Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>21EQP Saw - Table, Chop, Panel</b>					
(12EP1)	Blade guard is missing or damaged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(12EP2)	Blade is damaged, in poor condition or dirty, or improper for the work piece.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>21EQP Saw - Table, Chop, Panel</b>					
(12EP3)	Rip fence or miter gauge not in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(12EP4)	Kick-back prevention devices not present or in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(12EP5)	Push sticks not used when cuts are made that would position the hands closer than 6" to the blade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(12EP6)	Other table, chop or panel saw concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>22EQP Saw - Vertical or Horizontal Band or Scroll</b>					
(13EP1)	Guard is missing or damaged for unused portions of the blade above the worktable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(13EP2)	Band saw wheels are not fully guarded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(13EP3)	Other Band Saw Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>23EQP Bulk Cutting Fluids, Metal Working Fluids (MWF)</b>					
(14EP1)	MWF management program is not in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(14EP2)	Cutting fluid appears to not be in good condition (e.g., rancid smelling, oil film on top, overly foamy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>24EQP CNC Mills &amp; Grinders</b>					
(15EP1)	Machine is not fully enclosed with interlocking doors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(15EP2)	Polycarbonate panels serving as guarding is missing or not in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>24EQP</b>	<b>CNC Mills &amp; Grinders</b>				
(15EP3)	Other CNC Mill Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>25EQP</b>	<b>CNC Router</b>				
(16EP1)	CNC Router Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>26EQP</b>	<b>CNC Plasma Cutter</b>				
(17EP1)	Local ventilation is not available or sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(17EP2)	Plasma cutter is not free of combustible materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(17EP3)	Other Plasma Cutter Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>27EQP</b>	<b>EDM (Electric Discharge Machine)</b>				
(18EP1)	If machine isn't equipped with automatic fire protection system, a fire extinguisher should be present by machine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(18EP2)	Inadequate ventilation over dielectric fluid surface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(18EP3)	No safety switches to stop machine with fluid levels are too low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(18EP4)	Nonconductive floor mats are not present around machine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>28EQP</b>	<b>Laser Cutter</b>				
(19EP1)	Laser Cutter Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Code</u>	<u>Violation Subcategory</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
<b>29EQP</b>	<b>3-D Printer</b>				
(20EP1)	3-D Printer Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>30SPE</b>	<b>Special Topics for Further Investigation</b>				
(LOT01)	Lockout/Tagout written procedures or approved lockout devices are not available; or observed..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(SPE01)	Specialty PPE in use without enrollment in related EHS program (e.g., Hearing protection, respiratory protection, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(SPE02)	Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(SPE03)	Crystalline Silica Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(SPE04)	Use of TOXIC powdered pigments to make paints, stains, glazes, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(SPE05)	Painting by spray or air-brushing application outside of a ventilated enclosure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(SPE06)	Powered Industrial Truck or Aerial Lift Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(SPE07)	Powder-Actuated Tool Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(SPE08)	Other Specialty Safety Topic Concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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University of Nebraska Lincoln  
Environmental Health & Safety

**Additional Comments:**

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There were several safety concerns raised by attendees at Supplier Showcase, some with suggested solutions.

- Hazard: 40<sup>th</sup> & Holdrege by the Dental College, where the exit road says “right turn only” drivers turn left anyway and there are a number of pedestrians crossing at any given time. Is there anything to be done to the exit from campus to Holdrege to discourage/prevent drivers from turning left? They did not mention a painted pedestrian crossing area at that location but if none, that might help with the pedestrian situation.
- Lighting concern: Areas on East Campus near CY Thompson and Arboretum there is not enough lighting to safely traverse the area.
- Hazard re: stop signs not lights on City Campus: Several but the worst mentioned by more than one is 16<sup>th</sup> & Vine. Students are crossing the street from all four corners. There is a bike lane on the right, 16<sup>th</sup> heading south, making the navigation by car of this intersection particularly dicey. Bikes come up unexpectedly on the right of a vehicle. There are too many places to be watching for maximum safety, all four corners, bikes, and the bike lane itself if turning west onto Vine. A stop light like the one at 14<sup>th</sup> and Vine would improve safety.
- Hazard on East Campus: On 35<sup>th</sup> by the Rec & Wellness Center, there is a crosswalk. There is a parking space on the east side abutting the crosswalk. With a car parked there a driver heading north on 35<sup>th</sup> cannot see pedestrians ready to/entering the crosswalk. Suggest eliminating that one parking space.