



UNIVERSITY of NEW HAMPSHIRE

STUDENT SAFETY CHECKLIST FOR GRANT-FUNDED PROJECTS AND EXPERIMENTS

First Name: _____ Last Name: _____

Faculty Advisor: _____ Date: _____

Other Participants: _____

Project Title: _____

Please provide a brief description of the project (attach additional sheets if needed): _____

1. The following may be associated with this project:

Biohazardous Materials

- Human blood or blood products
- Human cell lines
- Human tissue
- Infectious microorganisms
- Recombinant DNA
- Research animals
- Other: _____

Hazardous Chemicals (Attach a Material Safety Data Sheet for each Chemical to be Used)

- Carcinogenic chemicals
- Combustible chemicals
- Controlled substances
- Corrosive chemicals
- Cryogenic chemicals
- Explosive chemicals
- Flammable chemicals
- Heavy metals
- Mutagenic or teratogenic chemicals
- Oxidizing chemicals
- Peroxide-forming chemicals
- Pesticides
- Poisons
- Pyrophoric chemicals
- Toxic chemicals
- Other: _____

Hazardous Wastes

- Biomedical waste
- Electronic waste
- Hazardous chemical waste
- Universal waste
- Other: _____

Ionizing or Non-Ionizing Radiation

- Magnetic resonance imaging devices
- Sealed radioisotopes
- Unsealed radioisotopes
- X-Ray devices
- Other: _____

Physical Hazards

- Centrifuges
- Compressed gases
- Confined spaces
- Cutting or grinding hazards
- Diving hazards
- Falling hazards
- Hydraulic equipment
- Lasers
- Liquefied gases
- Power tools
- Steam devices
- Temperature sensitive materials
- Ultraviolet light
- Other: _____

2. Although accidents and injuries are unlikely at the University, there is, nevertheless, a chance that an accident or injury may occur. To minimize this risk, the following Personal Protective Equipment (PPE) will be worn whenever necessary:

- Head Protection (e.g., hard hat)
- Hearing Protection (e.g., earplugs, earmuffs)
- Protective Clothing (e.g., laboratory coat, laboratory gown, leather apron, leggings)
- Protective Eyewear (e.g., safety goggles, safety glasses with side shields, face shield)
- Protective Footwear (e.g., steel-toed boots, shoe covers, booties)
- Protective Gloves (e.g., nitrile, neoprene, latex, rubber)
- Respiratory Protection (e.g., negative pressure respirators, powered air-purifying respirators, dust masks)
- Other: _____

3. The following health and safety training will take place before the initiation of this project:

- | | |
|--|--|
| <input type="checkbox"/> Biological Safety Training | <input type="checkbox"/> Hazardous Waste Training |
| <input type="checkbox"/> Bloodborne Pathogens Training | <input type="checkbox"/> Hearing Conservation Training |
| <input type="checkbox"/> Chemical Safety Training | <input type="checkbox"/> Hot Work Permit Training |
| <input type="checkbox"/> Confined Space Entry Training | <input type="checkbox"/> Ladder Safety Training |
| <input type="checkbox"/> CPR Training | <input type="checkbox"/> Laser Safety Training |
| <input type="checkbox"/> Crane Safety Training | <input type="checkbox"/> Lockout/Tagout Safety Training |
| <input type="checkbox"/> Driver Training | <input type="checkbox"/> Machine, Power, or Hand Tool Safety Training |
| <input type="checkbox"/> Electrical Safety Awareness Training | <input type="checkbox"/> Personal Protective Equipment Safety Training |
| <input type="checkbox"/> Emergency Procedures Training | <input type="checkbox"/> Radiation Safety Training |
| <input type="checkbox"/> Ergonomics Training | <input type="checkbox"/> Recombinant DNA Safety Training |
| <input type="checkbox"/> Fall Protection Training | <input type="checkbox"/> Respiratory Protection Training |
| <input type="checkbox"/> Fire Extinguisher Training | <input type="checkbox"/> Sharps Training |
| <input type="checkbox"/> Fire Safety Training | <input type="checkbox"/> UNHCEMST™ User Training |
| <input type="checkbox"/> First-Aid Training | <input type="checkbox"/> Universal Waste Training |
| <input type="checkbox"/> Forklift Safety Training | <input type="checkbox"/> Welding Safety Training |
| <input type="checkbox"/> Hazardous Materials Shipping Training | <input type="checkbox"/> Other: _____ |

4. Documentation of the successful completion of the training identified above has been provided to the Faculty Advisor:

- Yes No

5. The following safety equipment and/or engineering controls have been provided for this project:

- | | |
|--|--|
| <input type="checkbox"/> Biological Safety Cabinet | <input type="checkbox"/> Ground Fault Circuit Interrupter (GFCI) |
| <input type="checkbox"/> Broken Glass Box | <input type="checkbox"/> Hand Washing Sink |
| <input type="checkbox"/> Chemical Fume Hood | <input type="checkbox"/> Local Exhaust Ventilation |
| <input type="checkbox"/> Emergency Deluge Shower | <input type="checkbox"/> Machine Guarding |
| <input type="checkbox"/> Emergency Eyewash (Bottled) | <input type="checkbox"/> Mechanical Pipette |
| <input type="checkbox"/> Emergency Eyewash (Plumbed) | <input type="checkbox"/> Sharps Container |
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Vacuum Line Filtration |
| <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Other: _____ |

This safety checklist has been reviewed by:

Student Signature

Date

Faculty Advisor - Printed Name

Faculty Advisor - Signature