

Instructional Laboratory Checklist for Faculty/Instructor/Academic Coordinator

This checklist is required to be completed by the UCR Faculty/Instructor/Academic Coordinator of record when the course has been assigned, on an annual basis, or for every quarter you serve as the instructor for the course listed below.

Date: _____ **Department:** _____
Name: _____ **Job Title:** _____
Course Name: _____ **Course Number:** _____

<input type="checkbox"/>	I have reviewed the RAMP principles of safety and will apply the principle when conducting and documenting a risk assessment of each laboratory experiment and procedure to identify potential hazards, critical processes or procedures, and ensure protective measures are in place to control the risk.
<input type="checkbox"/>	I have reviewed standard operating procedures (SOPs) for each experiment/procedure and have documented using the SOP Review/Revision Acknowledgement form . I will update the SOP when there is a change in procedure/experiment set up.
<input type="checkbox"/>	I have completed a Laboratory Hazard Assessment (https://app.riskandsafety.com/) for my teaching lab, which determines the appropriate PPE for the lab.
<input type="checkbox"/>	I clearly define expectations to TAs of required personal protective equipment (PPE) use and when students do not come to lab with the correct PPE.
<input type="checkbox"/>	I clearly define proper use and safe removal of gloves and ensure training is provided to students.
<input type="checkbox"/>	I ensure that each student will complete the Student Laboratory Safety Commitment , or Student Field Safety Commitment (if applicable), or Student Design Hazard Assessment Form (if applicable) and have instructed my TAs that they are responsible to ensure students comply with all safety guidelines , including cell phone use.
<input type="checkbox"/>	Every quarter, each TA receives and completes the Instructional Laboratory Site Specific Training Checklist and Primary Safety Responsibilities of TAs or Primary Field Safety Responsibilities of TAs (if applicable) and records are maintained.

By signing below, I hereby attest that this information is true, accurate and complete to the best of my knowledge.

Date:	
Faculty/Instructor/Academic Coordinator Signature:	