

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

|   |  |
|---|--|
| <b>Date:</b>  |  |
| <b>Faculty/Instructor/Academic Coordinator Signature:</b> |  |