

3,3'-Dichlorobenzidine (and its salts)	4-Aminodiphenyl Ethyleneimine	4-Dimethylaminoazobenzene
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### 2.7.9 Teratogens

(Chemicals known or suspected to cause reproductive harm including the potential to disturb the development of the embryo or fetus or cause birth defects)

- Label all containers 'Teratogen' or 'Reproductive Toxin'.
- Take proper precautions to avoid exposures.
- Dispose of as hazardous waste.

Aniline	Carbon monoxide	Lead	Radioactive substances
Benzene	Carbon tetrachloride	Mercury	Toluene
Carbon disulfide	Chloroform	Phosphorous	Turpentine

## 2.8 CHEMICAL HYGIENE PLAN

### 2.8.1 Purpose

The following section presents the Chemical Hygiene Plan (CHP) required by the above mentioned regulations. The purpose of the CHP is to describe proper practices, procedures, equipment, and facilities for employees, students, visitors, or other persons working in each laboratory at the University to protect them from potential health hazards presented by chemicals used in the laboratory workplace and to keep exposures below specified limits. It is the responsibility of administration, research, and supervisory personnel to know and to follow the provisions of this plan. The CHO, or Department Chair, is responsible for developing, implementing, monitoring, and updating the plan annually. Affected departments are all those maintaining laboratories that contain and use hazardous chemicals, as defined by the regulations.

### 2.8.2 Development, Implementation and Update

The CHO oversees the preparation of the CHP, specifically the standard operating procedures (SOPs) for the laboratory. The CHO is responsible (per OSHA regulation) for

ensuring that the plan meets the requirements set forth in the 29 CFR 1910.1450 and is fully implemented.

The CHO is responsible for ensuring that the CHP is reviewed on an annual basis and updated as necessary to accommodate changes in OSHA standard 29 CFR 1910.1450, departmental procedures, and personnel policy. In addition, the CHO will ensure that the CHP update includes procedures regarding new hazards and new processes as they are introduced.

The CHO will ensure that the CHP and updates are distributed or made available to those affected by the changes.

### **2.8.3 Employee Exposure Assessment**

The University EH&S Office will perform exposure monitoring, when appropriate, in accordance with Paragraph (d) of OSHA 29 CFR 1910.1450 or other applicable OSHA standards. Other qualified consulting service providers may be employed by the University EH&S Office to conduct such monitoring. All monitoring results will be kept on file in the University EH&S Office. A report summarizing the results of the exposure monitoring will be provided to the University EH&S contact for the laboratory and made available to the person who participated in the exposure monitoring.

#### *2.8.3.1 Staff Exposure Determination*

- **Initial monitoring** will be performed if there is reason to believe that those exposure levels for a substance could routinely exceed the action level (or permissible exposure limit [PEL] in the absence of an action level).
- **Periodic monitoring** will be performed if the initial monitoring performed discloses employee exposure over the action level (or PEL in the absence of an action level). The employee's institution shall immediately comply with the exposure monitoring provisions of the relevant standard.
- Monitoring may be terminated in accordance with the relevant standard.

- Within 15 working days after the receipt of any monitoring results, the employees will be notified in writing of these results either individually or by posting the results in an appropriate location accessible to employees.

Anyone with a reason to believe that exposure levels for a substance routinely exceed the action level, or PEL in the absence of an action level, may request that the University EH&S Office initiate the monitoring process.

It will be the responsibility of the CHO to ensure that periodic monitoring requirements are satisfied, when necessary.

The University EH&S Office and the CHO will maintain records in accordance with the record-keeping requirements of OSHA 29 CFR 1910.1450.

Individual hospitals shall establish and maintain, for each employee, an accurate record of any measurements taken to monitor employee exposures and any medical consultation and/or examinations including tests or written opinions required by this standard. The individual hospitals shall ensure that such records are kept, transferred, and made available in accordance with OSHA 29 CFR 1910.20.

Records from monitoring done by other qualified services must be maintained by the CHO and the University EH&S Office.

#### *2.8.3.2 Medical Surveillance*

Medical consultations/examinations are coordinated for the University staff through the Employee's Occupational/Employee Health Services and the University EH&S Office under the following circumstances:

- Whenever a staff member develops signs or symptoms potentially associated with a hazardous chemical to which the staff member may have been exposed in the laboratory.
- Where exposure monitoring reveals an exposure level routinely above OSHA's action level or permissible exposure limit for an OSHA-regulated substance requiring such medical monitoring and medical surveillance.

- Whenever an event occurs, such as a chemical spill, leak, or explosion that results in the likelihood of a hazardous exposure. First aid issues are handled by the Employee's Occupational/Employee Health Services during business hours or through the Emergency Room during off-hours.
- Whenever a staff member is exposed to blood or visibly bloody fluids by a needle-stick, open cut, or splash to the face.

### *2.8.3.3 Exposure Reporting*

Staff who believe they have had an exposure should contact the CHO or the University EH&S Office for evaluation.

If employees exhibit adverse health effects, they should report immediately to the Employee's Occupational/Employee Health Services or the Emergency Room. The University EH&S Office will evaluate the situation and conduct air sampling, if necessary, to determine actual exposures. The results of all hazard evaluations and any air sampling data will be available to all occupants of the affected areas. The CHO or the University EH&S Office can be contacted directly for information. In addition, the results of any personal air sampling will be given to the individual and kept on file in the Howard University EH&S Office.

## **2.8.4 Oversight, Annual Review, Recordkeeping, Compliance and Enforcement**

The **CHO** is responsible for establishing and maintaining records for employee training, employee and environmental monitoring, and quantity of chemicals stored in the workplace. In practice, the CHO may designate another individual to assist with this work.

The **Principal Investigator** enforces the CHP by making sure that the chemical hygiene rules are known and followed. The CHO advises and assists in this work and helps with documentation.

The **University EH&S Office** will assist with chemical hygiene and housekeeping inspections. When there are significant changes in existing policies or work practices, an inspection will be conducted soon after the new process is implemented.

## 2.8.5 Identification and Classification of Hazardous Chemicals

All laboratories must submit an inventory of their hazardous chemicals to the Department Chair on an annual basis as part of the Emergency Signage (National Fire Protection Association [NFPA] Diamond) program. Based on these lists, the Howard University EH&S Office provides laboratory contacts with electronic copies of their laboratory's appropriately labeled NFPA Diamonds for placement at entrance doors into the laboratories.

Hazardous chemicals can be classified into various categories (e.g., corrosive, reactive, flammable, toxic, etc.) and are labeled on the primary container as such. The definitions associated with these categories can be found at the following link:

<http://www.osha.gov/SLTC/laboratories/index.html>

Alternate means of classifying and identifying hazardous chemicals include the following:

- Lists of known or suspect human carcinogens, prepared by the International Agency for Research on Cancer and the National Toxicology Program, are available through the National Toxicology Program's website:  
<http://ntp.niehs.nih.gov/?objectid=72016262-BDB7-CEBA-FA60E922B18C2540>
- SDSs are available by contacting the manufacturer. Laboratories should maintain a complete file of SDSs for chemicals used in the area. Each person working in the laboratory must be familiar with the SDSs for chemicals used in the area prior to working in the area.
- When the human or animal median lethal dose (LD<sub>50</sub>) for any given substance is less than 50 milligrams per kilogram (mg/kg) or if the PEL is less than 10 parts per million (ppm), and if the substance is not on the list in then the CHO and PI or Department Administrator or designee will have to develop a specific standard operating procedure for this chemical.
- Manufacturers and manufacturers' associations have valuable information. See for a list of Chemical Information Resources.

### **2.8.6 Selection of Required Control Methods and Authority for Chemical Use**

SDSs for many chemicals used in the laboratories indicate recommended limits (e.g., threshold limit value or TLV), OSHA-mandated limits (e.g., PEL, short-term exposure limit, and action limit), or both, as exposure guidelines.

When such limits are stated, they will be used in the laboratories by the CHO and the University EH&S Office staff to assist in determining the safety precautions and control measures necessary when handling toxic materials.

A chemical fume hood certified by the University EH&S Office must be used when the following occurs:

- When working with a compound that has a reported TLV or PEL less than 50 ppm.
- If the LD<sub>50</sub> is less than 500 mg/kg or the median inhalation dose, LC<sub>50</sub>, is less than 200 ppm.<sup>1</sup>
- When working with or handling toxic or malodorous materials (e.g., 2-mercaptoethanol) with moderate or high vapor pressure.

### **2.8.7 Special Provisions for Particularly Hazardous Substances (Carcinogens, Reproductive Toxins, and Acutely and Extremely Toxic Chemicals)**

The procedures described in this section must be followed when performing laboratory work with greater than 10 milligrams (mg) of any carcinogen, reproductive toxin, substance with a high degree of acute toxicity, or chemical whose toxic properties are unknown.

These substances must be handled, used and stored only in designated areas of restricted access. Appropriate areas include chemical fume hoods, glove boxes, designated portions of a laboratory, or an entire laboratory if it is specifically dedicated for that purpose.<sup>2</sup> A designated area must be clearly posted with signs warning that a specific, extremely hazardous material is in use and that only those trained to work with it are

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<sup>1</sup> These values should be used if a TLV or PEL is not available for the substance in question.

<sup>2</sup> A designated area may be posted with a removable sign if work with extremely hazardous agents is not continuous in the laboratory.

allowed to enter the area while procedures using it are ongoing. The boundaries of the designated area must be clearly defined.

The smallest amount of a chemical that is required by a procedure should be used, purchased, and stored. Whenever possible, material should be ordered in amounts equal to that required in a given procedure to avoid unnecessary weighing out of the material.

Spill procedures must be developed and posted in the designated area. Staff should be familiar with and have available materials that will inactivate the chemical.

Long-sleeved clothing and gloves known to be impermeable to the material must be worn whenever working in designated areas. Because decontamination of jewelry may be difficult, it is recommended that jewelry not be worn when working in a designated area.

The designated area must be decontaminated when work is completed. Contact the University EH&S Office for more information.

Liquid wastes must be put into screw-top containers that are compatible with the chemical. The container must be labeled with the words, *Hazardous Waste*, the chemical name, the type of hazard (toxic, ignitable, corrosive, or reactive), and dated only when full. Hazardous waste labels are available from the University EH&S Office. Hazardous waste must be removed from the lab within three days after filling the container.

### **2.8.8 Elimination or Substitution**

The first step in evaluating the safety of a new experiment, process, or operation is to investigate the possibility of eliminating hazardous materials or substituting with a less hazardous material.<sup>3</sup> When selecting alternate products, care must be taken that one hazard is not being substituted for another.

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<sup>3</sup> As an example, instead of using an organic solvent or chromic acid-based material for washing glassware, one should substitute an aqueous-based detergent. Aromatic compounds (i.e., benzene) and chlorinated hydrocarbons (i.e., methylene chloride) in some experiments should be replaced with aliphatic compounds or non-chlorinated hydrocarbons.

The particular process, experiment, or operation may also be modified to reduce the quantity of the hazardous material(s) necessary or limit the potential emission release rate or exposure time.<sup>4</sup> The use of a secondary containment device, such as a pan, can also be helpful in preventing or minimizing the effects of chemical spills. The University EH&S Office should be consulted for advice at [add client contact information]

### 2.8.9 Enclosure, Isolation and Regulated Areas

Reducing the potential for exposure to particularly hazardous chemicals is achieved by restricting the use of the material to a designated area equipped with the proper control devices. This designated area can be a glove box, fume hood, bench, or an entire laboratory depending on the manipulations required. Hazardous substances are stored, used, and prepared for disposal only in designated areas. The designated area is identified by signs to alert others of the presence of a particularly hazardous material. For example:

Over balance area:

**CAUTION: ACRYLAMIDE BALANCE**

On glove box:

**CAUTION: AFLATOXIN IN USE**

Radiation signs are available from the Radiation Safety Office at (202) 806-7216 information]. Biohazard signs are available from the Biosafety Officer at (202) 806-9710.

In addition to establishing the physical boundaries that define the designated area, procedures used in a designated area have special provisions. These include storage, use of protective equipment, containment, equipment disposal, and decontamination procedures.

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<sup>4</sup> For example, the use of micro scale techniques may be applicable in measuring boiling points of a material. Another example is the substitution of closed systems for open vessels.

## 2.8.10 General Work Practices and Standard Operating Procedures for Chemicals or Classes of Chemicals

Before developing general work practices and standard operating procedures, it is important to consult the SDS for the chemical. The following are general guidelines for responding to an incident.

### 2.8.10.1 *General Work Practices—Spills*

- **Eye Contact:** Eyes should be promptly flushed with water for 15 minutes. Medical help should be sought immediately after flushing.
- **Skin Contact:** Contaminated clothing should be removed as quickly as possible and the affected area flushed with water for 15 minutes. Medical attention should be sought immediately after flushing.
- **Clean up with no injury:** If no one is injured, the cleanup of the spill should begin immediately. For assistance or advice, call EH&S at (202) 806-1033.
- **Clean up with injury:** If someone is injured, that person should seek medical assistance immediately. Clean up should be initiated by someone other than the injured person. For assistance or advice, call EH&S at (202) 806-1033.

### 2.8.10.2 *General Work Practices—Avoidance of Routine Exposure*

- Work should be conducted in a chemical fume hood whenever possible.
- Smelling chemicals to determine their identity should be avoided.
- **Never** place your head inside of a chemical fume hood to check on an experiment.
- Inspect gloves before use.<sup>5</sup>
- Release of toxic chemicals (including dry ice) in cold or warm rooms must be avoided, these rooms contain recirculated atmospheres.
- Exhaust of an apparatus (e.g., vacuum pumps) that may discharge toxic chemicals should be vented into a fume hood or filter.
- When transporting hazardous chemicals, use one or more of the following:
  - Carts designed to prevent bottles from spilling;
  - Secondary containment; or

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<sup>5</sup> Up to 5% of all new and unused gloves have holes or tears in them.

- Bottle carriers.

#### 2.8.10.3 *General Work Practices—Choice of Chemicals*

- Less toxic substances should be substituted in place of more toxic ones wherever possible.
- Only those amounts necessary for immediate work should be ordered.

#### 2.8.10.4 *General Work Practices—Personal Hygiene*

- No eating (including chewing gum), drinking, smoking, or applying cosmetics is allowed. The use of contact lenses in the laboratory should be avoided.
- Mouth pipetting of **any** substance is prohibited.
- Hands must always be washed before leaving the laboratory. Solvents must never be used to wash hands.
- Laboratory coats and safety glasses should be worn in the laboratory whenever there is a potential for exposure to infectious, chemical, or radioactive hazards. Appropriate gloves must be worn when handling chemicals. “Effective Use of Gloves.” This equipment should not be worn in cafeterias, bathrooms, and conference areas to avoid cross contamination.

#### 2.8.10.5 *General Work Practices—Appropriate Storage of Chemicals*

- Incompatible chemicals must be segregated
- Glass bottles must not be stored on high shelves or on the floor.
- Chemicals should be stored in containers with which they are compatible.
- All bottles must be labeled with the correct chemical name in English and using no abbreviations. Bottles should be dated upon receipt and again upon opening.

#### 2.8.10.6 *General Work Practices—Procedures for Flammable Chemicals*

- General Use and Handling
  - Flammable liquids are defined as those liquids with a flash point of 140 degrees Fahrenheit (°F) or less and having an absolute vapor pressure of not more than 40

pounds per square inch at 100 °F. Some examples commonly found at the University are acetone, methanol, ethanol, ether, and xylene. All flammable liquids should be handled carefully.

- Flammable substances should be handled only in areas free of ignition sources (e.g., away from electric ovens, burner flames, and hot surfaces).
  - Flammable substances should never be heated using an open flame. Heating mantles, oil baths, safety hot plates, and steam baths should be used. When heating either by steam bath or hot plate, use a filter or distilling flask as a receiver. Such distillations must be carried out in a fume hood.
  - Smoking is not permitted at the University.
  - Boiling chips or glass beads are helpful in distilling or evaporating flammable substances to prevent superheating and bumping.
  - Ground cylinders or equipment when transferring flammables from one container to another. Contact the EH&S department, if there are questions about proper grounding.
- Storage
    - Bottles of volatile liquids should not be stored near heat sources or in direct sunlight.
    - Quantities of flammable solvents stored in the laboratory should be kept to a minimum. The Fire Department limits storage based on the type of liquid, the floor, where the solvents are stored, and the size of the laboratory (control area). Contact the University EH&S Office at (202) 806-0133 regarding the limit for your control area. Whenever possible, flammable liquids including spray and squeeze bottles should be stored in approved storage cabinets. Flammable liquids must never be stored on the floor.
    - Adequate ventilation must be provided where flammable liquids are used.
    - When flammable liquids are stored in a refrigerator, it must be a *Laboratory-Safe Refrigerator* (as defined in NFPA 45). These are approved for storing flammable liquids and have all electrical equipment mounted on the outside surface of the refrigerator.

- Flammable liquids must not be stored with chemicals that are considered to be incompatible with them (e.g., oxidizers, oxidizing acids, etc.).

#### *2.8.10.7 General Work Practices—Procedures for Reactive Chemicals*

Reactive materials include oxidizers, organic peroxides, explosives, air sensitive, shock sensitive, temperature sensitive, and those ranked 3 or 4 for instability by the NFPA. These materials are known as unstable materials. Each laboratory is responsible for disposing of unstable materials prior to them becoming potentially explosive.

For peroxide-forming chemicals (e.g., ethyl and isopropyl alcohol ethers, tetrahydrofuran), containers should be dated upon opening and disposed of as hazardous waste by the expiration date or within six months, whichever is sooner.

All reactive materials must be handled with caution, personal protective equipment must be used, and, where possible, work should be done in a chemical fume hood.

#### *2.8.10.8 General Work Practices—Procedures for Corrosive Chemicals*

- Extreme care must be exercised in handling and pouring corrosive materials. This includes: approved gloves, a laboratory coat, and safety glasses.
- Acids and similar chemicals should not be stored above laboratory bench level.
- Corrosive materials should not be heated or handled in large, fragile containers (e.g., four-liter beakers) without providing a secondary containment to catch the contents in case of breakage.
- Porcelain dishes should not be used as cleaning baths.
- Strong alkalis should not be stored next to strong acids.
- Inorganic acids and organic acids should be segregated from each other.
- If strong acids or alkalis come in contact with skin or clothing, affected parts should be washed quickly and thoroughly with large quantities of water. If such materials are

splashed in the eyes, they should be flushed thoroughly with a continuous stream of cold water for at least 15 minutes. In either case, medical attention should be sought immediately.

#### **2.8.10.9**      *Special Procedures: Work with Formaldehyde*

OSHA's formaldehyde standard, *Occupational Exposure to Formaldehyde*, 29 CFR 1910.1048 states that the eight-hour PEL time-weighted average for people working with formaldehyde is 0.75 ppm. The short-term exposure limit (STEL) time-weighted average for 15-minute exposure is 2.0 ppm.

The Hazard Warning for formaldehyde, including labeling requirements, falls under the OSHA *Hazard Communication Standard*. If formaldehyde is to be used by any individual in the laboratory, all staff should be informed of the health hazards of formaldehyde upon initial orientation to the work site.

### **2.8.11 Personal Protective Equipment**

Personal protective equipment (PPE) is designed to prevent personal injury. Examples of PPE include safety glasses or goggles, face shields, safety shields, gloves, rubber aprons, laboratory coats, and protective creams. It is the responsibility of the Department Administrator and/or PI to ensure that laboratory staff is using necessary safety equipment.

The type and level of equipment can be determined with the aid of the CHO and the University EH&S Office. Use of PPE should only be considered after exercising all options for reducing the hazards. If in doubt about the potential danger of an experiment or activity, all available safety devices should be employed. Information on such devices can be obtained from the Howard University EH&S Office upon request.

#### **2.8.11.1**      *Respirators*

Required use of a respirator is the responsibility of the Department Administrator, the PI (or their designee), the CHO, and the University EH&S Office. The Howard University respirator policy must be followed when respiratory protection is required. All staff must follow these elements.

- Less hazardous materials should be substituted for more hazardous materials.
- Laboratory fume hoods or other engineering controls should be employed to control exposure.
- If items 1 and 2 above have been considered but added protection is still deemed necessary, respirator type shall be selected on the basis of type of chemical exposure, level of exposure, and user medical examination.
- Selection of a respirator type must be performed in consultation with the University EH&S Office.
- A medical clearance is required for each employee before a respirator is used routinely. A medical clearance can be obtained through the University's Occupational/Employee Health Services.
- Appropriate fit testing and training shall be performed under the direction of the institution for all negative pressure respirators before use. [Need client information]
- The respirator user must regularly maintain and clean reusable respirators.
- The respirator user must perform a negative and positive pressure check before each use.

#### 2.8.11.2 *Eye Protection*

At minimum, ANSI-approved safety glasses and/or goggles are required to be worn when working with any hazardous materials, or when there is a risk of splashing, irritating mists, vapors, fumes, or flying projectiles.

Ordinary prescription glasses are **not** designed to provide adequate protection against occupational hazards. Prescription safety glasses are recommended for employees who must routinely wear safety glasses in lieu of fitting safety glasses over their personal glasses.

### *Safety Goggles*

Safety goggles will provide a greater degree of protection than safety glasses by providing a tighter fit against the face. Safety goggles or face shields should be worn whenever there is an elevated risk of a chemical splash or flying projectiles, or when working with volatile substances that irritate the eyes (e.g., chlorine, strong ammonia, irritating dusts).

### *Face Shield*

When working with a corrosive liquid, dispensing liquefied nitrogen, or where otherwise appropriate, a face shield should also be worn to protect the chin, neck, face, and ears. Face shields will supply added protection from flying particles and liquid splash. To gain maximum protection against chemical splash, a face shield should be used in conjunction with safety glasses.

### *Note: Contact Lenses*

Wearing of contact lenses is discouraged when working with hazardous materials. Persons who wear contact lenses are at greater risk for prolonged exposure and potentially permanent eye injury in the event of a chemical splash, since some chemicals can be absorbed into the contact lens and make it harder to remove. Using contaminated fingers to remove contacts in a stressful splash situation represents further exposure risk. If contact lenses are worn when working with hazardous materials, safety glasses (at a minimum) must be worn to protect the eyes, and safety goggles are encouraged.

### *2.8.11.3 Protective Clothing*

The use of protective clothing, including gloves, shall be determined by the University EH&S Office. When working with a potential hazardous material, protective clothing is required.

- Protective clothing is chosen, with the aid of the University EH&S Office, on the basis of the chemical exposure and medical condition of the user.
- Contaminated protective clothing must be disposed of properly.
- Open-toed shoes or sandals shall not be worn in the laboratory.
- Skin should not be exposed when working with hazardous materials.
- Contaminated laboratory coats shall not be worn.

**NOTE: Laboratory coats should not be worn in common areas**

(Cafeterias, bathrooms, kitchen areas, outside, conference rooms, break rooms, etc.)

*2.8.11.4 Protective Gloves*

When handling toxic or hazardous chemicals, protective gloves are required. To protect against accidental spills or contamination, workers should refer to glove manufacturers' glove charts to select a glove appropriate for use with the reagent in question. There is no glove currently available that will protect against all chemicals for all types of tasks. If the gloves become contaminated, they should be removed and discarded as hazardous waste as soon as possible.

Staff members must remove at least one glove before leaving the immediate work site to prevent contamination of public areas (e.g., doorknobs, light switches, telephones, etc.).

**Latex Alert:** Latex (i.e., several protein antigens) has been shown to be a sensitizer. In order to best protect workers from becoming sensitized, powdered latex exam gloves are PROHIBITED in the University laboratories. Powder-free latex gloves may be used where appropriate.

**NOTE: Latex gloves do not protect against every hazardous material.**

*2.8.11.5 Other Personal Protective Equipment*

Other personal protective equipment shall be used as needed.

Safety shields are recommended for use whenever solvent or vacuum distillations are being run in glass equipment or whenever large glass vessels are subjected to a vacuum. Safety shields should also be used during reactions involving unknown characteristics or that contain toxic or radioactive materials (e.g., high-energy emitters such as  $^{125}\text{I}$  or  $^{32}\text{P}$ ).

**2.8.12 Ventilation, Fume Hoods and Proper Operations**

Local exhaust ventilation is the primary method used to control inhalation exposures to hazardous substances. Other types of local exhaust include vented enclosures for large

pieces of equipment or chemical storage and snorkel types of exhaust for capturing contaminants near the point of release.

A laboratory fume hood should be used when working with hazardous substances. A properly operating and correctly used fume hood will control the vapors released from volatile liquids, as well as unpropelled dusts and mists.

Do not make any modifications to hoods or ductwork without first calling the University EH&S Office at (202) 806-0133.

A fume hood should not be used for large pieces of equipment unless the fume hood will be dedicated for this use since it will change airflow patterns and render the fume hood unsafe for other uses. It is generally more effective to install a specially designed enclosure for large equipment so that the hood can be used for its intended purpose.

A fume hood should not be used for chemical or other miscellaneous storage, this also restricts airflow. Chemicals should be stored in a sealed (following NFPA 45 requirements) chemical storage cabinet. All freestanding cabinets should have bungs in place and the doors should close properly.

Before you begin using a fume hood, check to see that the hood is labeled appropriately for use with toxic chemicals and has been certified within the last year. If a fume hood requires certification or if you have questions regarding fume hood operation, contact the University EH&S Office at (202) 806-0133.

Some of the basic guidelines for working safely in a chemical fume hood include the following:

1. Work at least six inches behind the sash.
2. If it is necessary to store materials in a fume hood, they should be elevated so that air can pass under them.
3. Never put your head (or face) inside an operating fume hood to check on an experiment.
4. Work with the sash in the lowest position possible. The sash will act as a barrier and provide containment should a problem arise with the reaction.

5. Do not clutter the hood with bottles or equipment. Only materials actively in use should be in the fume hood.
6. Clean the grille along the bottom slot of the back of hood regularly so it does not become clogged with paper and dirt.
7. Do not dismantle or modify the physical structure of the hood or exhaust system in any way without first consulting the University EH&S Office.
8. Report any suspected hood malfunctions to the University EH&S Office. 2.8.13

#### Housekeeping

It is essential for both safety and efficiency that the facilities be kept neat and orderly. Floors, shelves, and benches should be free from dirt and unnecessary apparatus and tools. Equipment should never obstruct exits, passages, or fire extinguishers, etc.

Care should be exercised when disposing of materials. Flammable or toxic materials should be collected for disposal as hazardous waste and, therefore, should not be placed in the regular waste stream.

General guidelines for good housekeeping include the following:

1. Never block access to emergency equipment, showers, eyewashes, and exits.
2. Label all chemical containers with the identity of the contents and list the appropriate hazards.
3. All work areas should be kept clear of clutter.
4. All aisles, hallways, and stairs must be kept clear.
5. All chemicals should be returned to their proper storage area at the end of the day.
6. Liquid wastes should be kept in spill-proof containers and stored off the floor in an appropriate storage area.
7. ALWAYS BE PREPARED FOR SPILLS. Small spills should be cleaned up promptly using the spill kits located in the laboratory. All clean up materials must be collected for disposal as hazardous waste.

## 2.8.14 Signs and Labels and Material Safety Data Sheets

### 2.8.14.1 Emergency Signage

The Fire Department requires that each laboratory have appropriate signage to indicate the level of the hazard with respect to the chemicals stored in the laboratory. This signage takes the form of a diamond (NFPA 704 diamond), which is comprised of four smaller diamonds. Each smaller diamond is color-coded to represent a specific hazard classification: blue for health hazards, red for flammability hazards, yellow for reactivity hazards, and white for special classes of hazards. For more information on NFPA diamonds, refer to Appendix A.

Each small diamond contains a number from 0 to 4. A hazard level of 0 on the NFPA diamond represents no hazard while a hazard level of 4 on the NFPA diamond represents the highest hazard in that category. Fires and other emergencies may be dealt with more effectively and safely if the emergency responders are informed of the level of hazards in a specific area. The names and emergency phone numbers of the current Department Administrator or PI responsible for each laboratory area, including shared spaces, should also be posted. Laboratories are responsible for keeping their contact information current.

Signs are inspected annually by the University EH&S Office and are based upon the chemical inventories received from the laboratories. It is extremely important that contact names and chemicals are kept current. The Fire Department may choose not to enter a laboratory if the information provided appears to be out-of-date.

### 2.8.14.2 Other Signs

1. Radioactive or biohazardous substances used in laboratories require the posting of special signs.
2. *Eye Protection Required* signs are recommended at entrances to laboratories using acids and corrosive chemicals. Safety glasses for visitors must be provided.
3. Signs indicating the location of fire blankets, eyewash units, safety showers, fire extinguishers, and other safety devices are required.

- Entrances to laboratories, storage areas, and associated facilities must have signs as necessary to warn emergency personnel and custodians of unusual or severe hazards.<sup>6</sup>

#### 2.8.14.3 Chemical Container Labeling

All containers must be labeled with the chemical contents. The labels must be in English and have no abbreviations on them. Chemicals received from outside vendors or from internal stockrooms must have labels indicating the name, along with other physical and chemical data. Toxicity warning signs or symbols should be prominently visible on the labels.

All chemical containers that have been decanted from an original container must be labeled with the chemical name, the primary hazard(s), the name of the responsible person, their PI, and the date. The University EH&S Office can be contacted for further information regarding labels for this purpose.

All chemical waste containers must be labeled with the words *Hazardous Waste*, the full chemical name(s), the type of hazard (i.e., toxic, ignitable, corrosive, or reactive), the responsible person, and the date the container became full. Labels are available from the University EH&S Office. Labeling must be provided for chemicals synthesized in the laboratory or prepared by other processes, such as distillation or extraction. For information about obtaining hazard labels, please contact the University EH&S Office.

Chemicals developed in the laboratory must be assumed to be toxic if no data on toxicity are available. Suitable handling procedures must be prepared and implemented, including training of users in controls necessary to handle a material safely. If the substance is produced for another user outside of the laboratory, a SDS and labels must be prepared and provided to such users in accordance with the OSHA *Hazard Communication* standard 29 CFR 1910.1200.

For information on the labeling of biohazardous materials, as required by the OSHA *Bloodborne Pathogen* standard 29 CFR 1910.1030.,

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<sup>6</sup> Examples of severe or unusual hazards that may require signs are unstable chemicals, toxic or carcinogenic materials, water reactive chemicals, and radioactive materials.

#### 2.8.14.4 *Safety Data Sheets*

SDSs are bulletins prepared by manufacturers to summarize the health and safety information associated with their products. The manufacturer or supplier should provide SDSs for each chemical. A complete file of SDSs should be maintained in the laboratory and must be accessible to any staff member or visiting professional. More information can be obtained from SDS link below:

<https://msdsmanagement.msdonline.com/6455dc57-8e3e-4904-bd68-84e978899bf8/ebinder/?nas=True>

The 16 information required by OSHA in SDS in the following order is given below::

- 1 Identification
- 2 Hazard(s) identification
- 3 Composition/information on ingredients
- 4 First-aid measures
- 5 Fire-fighting measures
- 6 Accident release measures
- 7 Handling and storage
- 8 Exposure controls/personal protection
- 9 Physical and chemical properties
- 10 Stability and reactivity
- 11 Toxicological information
- 12 Ecological information
- 13 Disposal considerations
- 14 Transport information
- 15 Regulatory information
- 16 Other information

A user's guide to SDSs can be found in. Consult with the University EH&S Office to apply this general information to your work situation.

### 2.8.15 Waste Disposal

Every effort should be made to dispose of hazardous waste in a proper, safe, and efficient manner. It is the responsibility of the individual creating the waste to properly identify and handle waste chemicals within the University facility.

The University EH&S Office maintains a “Main Accumulation Area” for the storage of chemical hazardous wastes transported from the laboratories.

Each Department maintains Satellite Accumulation Areas (SAAs) in the laboratories for the storage of chemical hazardous waste. The following guidelines must be followed at all SAAs.

- Once a waste container has been filled in the laboratory, it must be transported out of the laboratory to the main accumulation area and/or directly off-site through the hazardous waste vendor for disposal within three days.
- Waste chemicals stored in containers of one gallon or larger sizes shall be **break-resistant** whenever possible.
- Waste chemicals stored in breakable containers of one gallon or larger sizes shall be kept in **approved secondary containers**.
  - Break-resistant shall mean a container made of metal, plastic, plastic-coated glass or metal overpacks of glass.
  - An approved secondary container is a bottle carrier made of rubber, metal, or plastic with carrying handle(s) which is of large enough volume to hold the contents of the chemical container. Rubber or plastic should be used for acids/alkalines, and metal, rubber, or plastic for organic solvents.
- Wastes must be packaged and placed in containers in a manner that will allow them to be transported without the danger of spillage, explosion, or hazardous vapors escaping. Wastes that have not been properly packaged and identified will not be accepted for disposal.

### 2.8.15.1 *Unknown Waste Chemicals*

Every effort should be made by the Department Administrator or PI to identify unknown waste. It is the responsibility of the department to identify all chemicals. The Department Administrator or PI may need to question laboratory personnel, students, and volunteers, or send a sample to an analytical laboratory, to ascertain the contents of unknown wastes. All charges associated with the identification of an unknown waste will be paid by the laboratory/department. Laboratory personnel must be constantly reminded to identify and label all wastes and project products. If unknown waste has been discovered and cannot be identified, immediately contact the University EH&S Office.

**NOTE: Never mark a container “UNKNOWN.”**

Label unknown waste streams with the words “Pending Analysis.”

### 2.8.15.2 *Transportation*

All hazardous waste will be collected from the laboratories and transported to the Main Accumulation Area by a representative of the Howard University EH&S office.

### 2.8.15.3 *Guidelines for Waste Reduction/Management*

Procedures for waste disposal should be prepared **before** beginning a project. Waste must be labeled properly. Each department, group, or researcher must properly identify waste materials prior to disposal; inadvertent mixing of incompatible materials could have serious consequences.

Waste minimization is very important to protect the environment and also to reduce the disposal costs charged to the laboratory. The following suggestions should be considered in an effort to minimize the amount of waste generated by the laboratory.

- Order only and store the amount of material needed for the project or experiment.
- Use only the amount of material that is needed for conclusive results.
- Date containers upon receipt and again upon initial opening.
- Before disposing of unwanted, unopened, or uncontaminated chemicals, check with others at Howard University who may be able to use them using the ChemShare Inventory program.

- On termination of a research project, all unused chemicals to be kept by the laboratory shall be labeled and dated. All chemicals for disposal must be in proper containers and labeled with the words *Hazardous Waste*, the chemical name, type of hazard (toxic, ignitable, corrosive, or reactive), and the date.

#### 2.8.15.4 *Types of Chemicals and their Disposal*

Regulations prohibit the discharge of most organic solvents into the sewer system. Small amounts of water-soluble, non-flammable materials may be discharged down the drain. The University EH&S Office must be consulted to determine which chemicals can be disposed in this manner.

<b>Table 2.1</b> Types of Chemicals and Their Disposal	
<b>Chemical Class</b>	<b>Disposal</b>
Organic solvents	<ul style="list-style-type: none"> <li>• Packed in suitable containers that prevent vapors or liquids from escaping.</li> <li>• Tightly cap</li> <li>• Prominently label containers</li> <li>• Disposed as hazardous waste</li> </ul>
Mixtures of organic solvents	<ul style="list-style-type: none"> <li>• If compatible they can be combined in one container</li> <li>• Container must have estimated percentages of each solvent in the mixture.</li> </ul>
Ether (di-ethyl) in cans	<ul style="list-style-type: none"> <li>• Do not move if over a year beyond the expiration date or beyond six months from the date of opening</li> <li>• The Howard University EH&amp;S Office must be contacted immediately.</li> </ul>
Acids and alkaline solutions	<ul style="list-style-type: none"> <li>• Concentrated acids and caustics must be treated as hazardous waste</li> <li>• Store in tightly capped and labeled containers</li> </ul>
Inorganic and organic solids	<ul style="list-style-type: none"> <li>• If in original containers may be sent to the Howard University hazardous waste room.</li> </ul>
Mercury	<ul style="list-style-type: none"> <li>• Contact Howard University EH&amp;S Office to dispose of mercury containing equipment.</li> <li>• Put broken mercury thermometers into a jar or secondary container.</li> <li>• Clean-up materials from a mercury spill may be placed in a container, labeled, and sent to the hazardous waste accumulation area.</li> <li>• Mercury-containing compounds must be disposed through the hazardous waste room.</li> </ul>
Cyanide compounds, arsenic, lead, and heavy metal wastes	<ul style="list-style-type: none"> <li>• Place in bottles or containers</li> <li>• Seal tightly</li> <li>• Label, and place in the hazardous waste accumulation area</li> </ul>
Alkali metals (e.g., sodium and potassium)	<ul style="list-style-type: none"> <li>• Place in a suitable container</li> <li>• Cover with Nujol® (mineral oil)</li> <li>• Label properly, seal and dispose as hazardous waste</li> </ul>
Pyrophoric metals (e.g., magnesium, strontium, thorium, zirconium, and other pyrophoric chips and fine powders)	<ul style="list-style-type: none"> <li>• Place in a metal container</li> <li>• Seal tightly</li> <li>• Label, and send out as hazardous waste</li> </ul>
Waste oil (e.g., vacuum pump oil or lubricating oils)	<ul style="list-style-type: none"> <li>• Collect in one-gallon containers or less</li> <li>• Dispose of as hazardous waste</li> </ul>

The University EH&S Office may be consulted if there is any question concerning the toxicity or packaging of any toxic wastes.

#### 2.8.15.5 *Other Types of Wastes—Special Procedures Required*

- **Compressed gas cylinders** are to be returned to the proper vendor. Some small lecture bottles are of the non-returnable type and become a disposal problem when empty or near empty with a residual amount of gas. When ordering gases in lecture bottle size, be sure to order the gases in a returnable cylinder.
- **Controlled drugs** to be disposed of as waste **must not be sent to the waste accumulation area**. The handling, records, and disposal of controlled drugs are the responsibility of the department and must be conducted within Drug Enforcement Agency regulations.
- **Radioactive material** disposal is handled in accordance with procedures established by Radiation Safety. Contact Radiation Safety Officer at (202) 806-7216.
- **Biological waste and physically dangerous waste (sharps) must be placed in proper containers**. Contact the University EH&S Office at (202) 806-0133 for proper disposal procedures.
- **Polychlorinated biphenyls** found in capacitors, transformers, equipment, and oil is the responsibility of the department. Information on possible disposal contractors can be obtained by calling the University EH&S Office.

#### 2.8.16 **Emergency Situations**

Emergencies that may occur in a laboratory include fire, explosion, chemical spill or release, or medical or other health threatening accidents. General procedures to be followed in any emergency are the following.

1. Assist person(s) involved. Remove person(s) from exposure to further injury or a life-threatening situation, if it can be done safely.
2. Notify nearby persons who may be affected and call the University EH&S Office to report the emergency and seek assistance.
3. Evacuate the area until help arrives.
4. Wait for emergency responders and assist them in handling the emergency.
5. Assist in the follow-up investigation of the emergency.

For specific emergencies that may occur in the laboratory space (i.e., chemical spills, fire, explosion, etc.), refer to the specific procedures established by the laboratory.

### **2.8.17 Emergency Equipment**

In any emergency, it is critical that all staff members are familiar with the use and location of emergency equipment. These include fire extinguishers, fire alarms, safety showers, and eyewash stations.

All emergency equipment is on a preventive maintenance schedule. Fire alarms are tested periodically and extinguishers are inspected monthly by the building management entity. Safety showers on a quarterly basis and eyewash stations on a monthly basis are tested by the University EH&S Office.

## **2.9 HAZARD COMMUNICATION**

### **2.9.1 General Information**

In order to comply with the OSHA Standard 29 CFR 1910.1200, *Hazard Communication*, the following written Hazard Communication (HAZCOM) Program is established for the University. This program applies to all work operations in this facility where employees may be exposed to hazardous substances during normal working conditions or during an emergency situation. This written program may be obtained from the University EH&S Office at [need contact information]. Under this program employees will be informed of the contents of the OSHA Hazard Communication Standard, the hazardous properties of the chemicals and materials with which they work, the safe handling procedures, and measures to take to protect themselves from these chemicals.

The PIs and Laboratory or Department Administrators are ultimately responsible for ensuring that all applicable provisions and components of the HAZCOM Program are implemented as required within their respective departments. To this end, PIs and Laboratory or Department Administrators are encouraged to designate a person or persons to see to it that each of the program elements are being fully addressed (e.g., labeling, SDSs availability to employees, employee training and information, maintaining