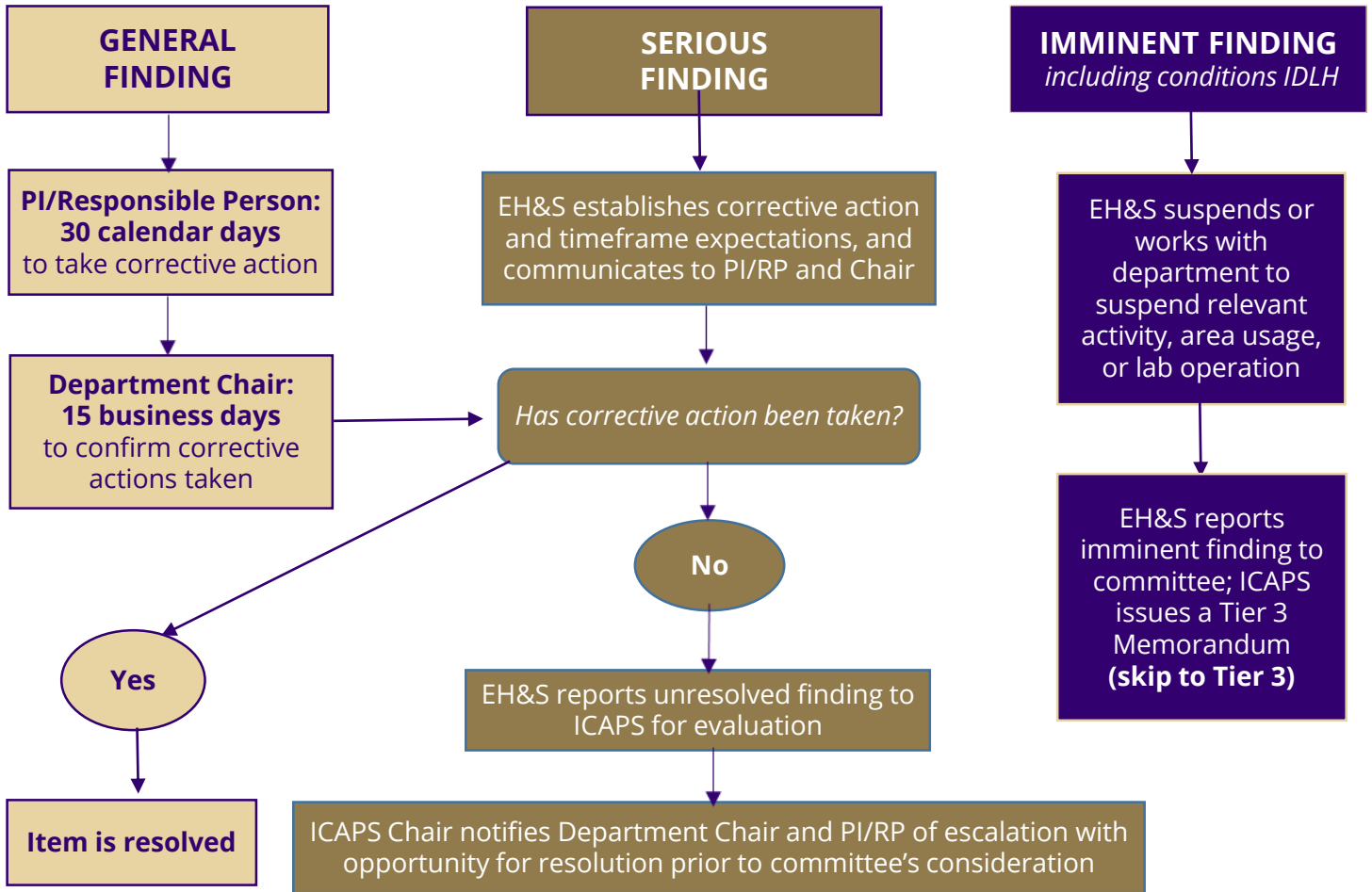
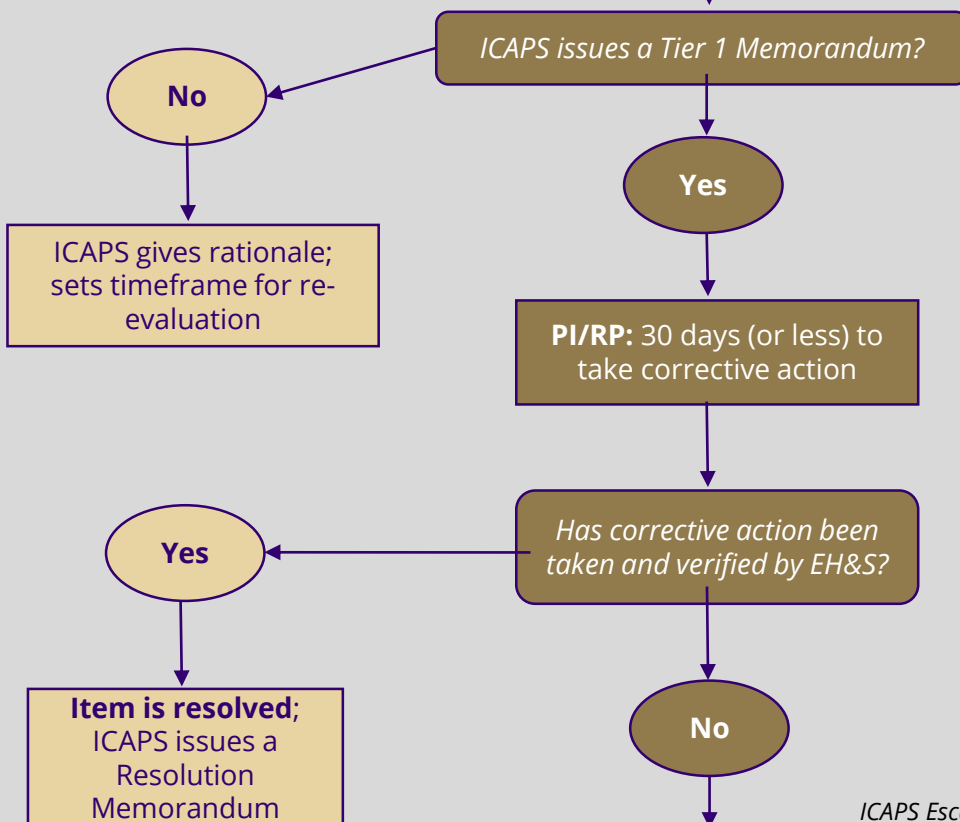


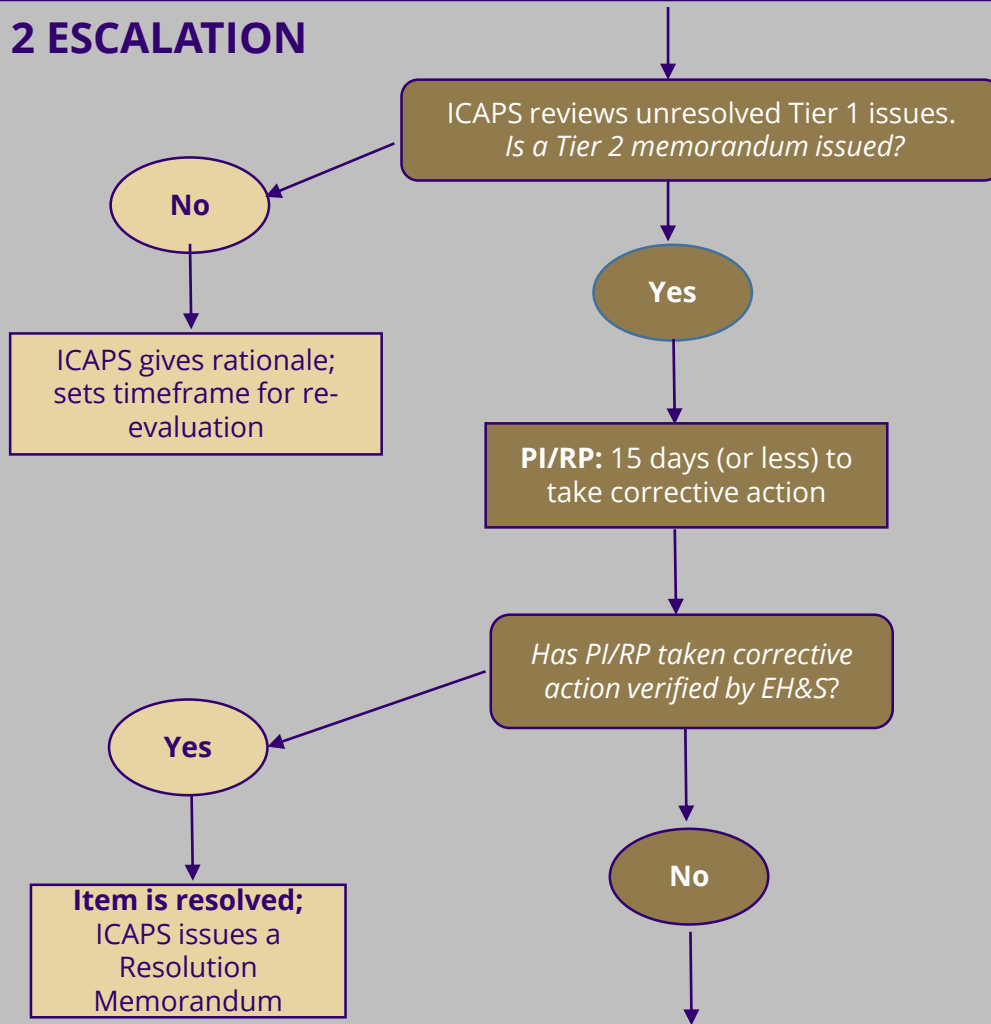
## HAZARD IDENTIFICATION



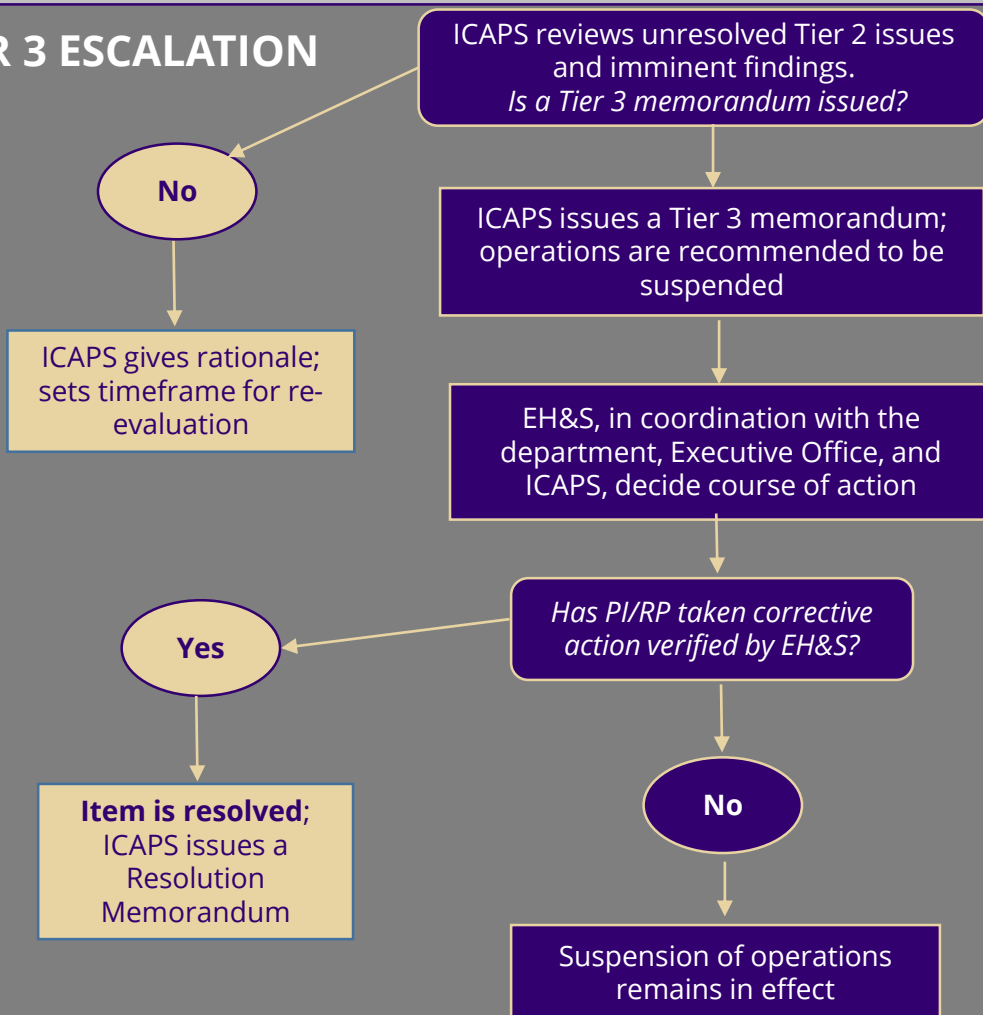
## TIER 1 ESCALATION



## TIER 2 ESCALATION



## TIER 3 ESCALATION





## LABORATORY SAFETY COMPLIANCE ESCALATION PROCEDURE

The University of Washington's Institutional Chemical and Physical Safety (ICAPS) Committee has specific oversight responsibilities for chemical and physical safety in all research and teaching activities conducted in University owned and operated laboratories, and in field research.

The Institutional Chemical and Physical Safety Committee provides input and guidance to the Environmental Health & Safety Department (EH&S), the Executive Office and the Provost regarding the development of appropriate standard practices and campus expectations. In an effort to ensure that issues identified during laboratory safety inspections are adequately addressed and corrected within a timely matter, EH&S and the Committee have established a three-tiered Laboratory Safety Compliance Escalation Procedure. In order to provide a highly responsive process, the Executive Office has delegated administration of the procedure to be overseen by the Chemical and Physical Safety Committee, a faculty-led committee appointed by the Executive Office.

While the three-tiered procedure is designed to provide a progressive compliance process, it may be by-passed in the event of an imminent safety condition including a condition that is Immediately Dangerous to Life and Health (IDLH). Any such findings or conditions will be immediately addressed and reported to the Committee for review at the discretion of EH&S. This may result in suspension of laboratory activities (in whole or in part) in accordance with Executive Order 55 and the University's Policy for Chemical and Physical Safety Standards in Research in concurrence with the Committee or appropriate subcommittee and the senior director of EH&S.

The identification process and tiers are defined below.

### CATEGORIES OF LAB SURVEY FINDINGS

The working definitions for lab safety survey findings are below:

**General finding:** A finding or condition that does not qualify as serious or imminent in nature but still presents a concern to worker health or safety. A general finding may also include the failure to meet a regulatory requirement. These general findings are typically identified during routine EH&S inspections via a standard checklist of safety questions and communicated to the principal investigator/responsible party (PI/RP) and the lab/department Chemical Hygiene Officer (CHO) as a report available electronically within two days of the notation.

EH&S procedure for responding to general findings:

- All findings on the Laboratory Survey Checklist (see attachments) are considered general findings unless the finding, condition, or practice noted is determined to be a serious

finding. General findings are indicated on the survey checklist and survey report by the surveyor.

- Report is posted on the Lab Survey Dashboard and a link is sent to PI/RP and CHO via email within two business days.
- PI/RP and CHO are asked to note corrective actions for each finding on the Dashboard within 30 calendar days of receiving the survey report.
- EH&S reviews the responses for acceptance as “corrected.”
- Department Chair has access to all their department’s survey reports and receives a summary of findings on the Lab Survey Dashboard. They are asked to note corrective actions to outstanding findings within 15 business days of receiving their summary report.
- EH&S reviews the responses for acceptance as “corrected.”

**Serious finding:** A finding or condition that does not qualify as an imminent hazard but still presents a significant hazard to health and safety, and if allowed to continue could become an imminent hazard. A serious finding can also include the need to meet a regulatory requirement or any condition, practice, or systemic issue which, if allowed to exist over an extended period of time, could reasonably be expected to cause death, serious physical harm, significant property loss, or substantial environmental damage. The inspection checklist questions noted or observations made that represent a potentially serious condition are identified.

**Imminent finding:** A finding or condition that creates a possibility of death or serious adverse health effects, or of preventing escape from such a condition or circumstance. This includes conditions classified as Immediately Dangerous to Life and Health (IDLH). An imminent finding can also include the need to meet a major regulatory requirement or any condition or practice which could reasonably be expected to immediately cause death, serious physical harm, significant property loss, or substantial environmental damage unless the condition is addressed right away. An imminent finding or condition requires immediate corrective action and/or activity suspension (i.e., shutdown) as necessary.

EH&S procedures for responding to serious and imminent findings:

- Certain findings on the Laboratory Survey Checklist (see attachments) have the potential for representing a serious condition or practice. If the finding, condition, or practice noted is determined to be a serious finding it is indicated on the survey checklist and survey report.
- The surveyor must inform the lab representative when they observe a hazard or practice that presents a serious matter that should be addressed right away.
- The surveyor will record the issue on the survey checklist and the survey report as a serious finding.



- The surveyor must inform the lab representative participating in the survey and the PI/RP that any operations or conditions considered to be imminent hazards cease immediately and they are obligated to report it to EH&S management.
- The surveyor immediately reports the observations of an imminent hazard, including photographs (if applicable), to the survey team manager and assistant director (AD), and EH&S senior director.
- The surveyor takes no other action unless directed by the manager and/or AD.
- The PI/RP and their department Chair are informed by the manager and/or AD of the imminent hazard, along with the necessary corrective actions and timeframe expectations.
- With support of the EH&S AD, the EH&S senior director, the Executive Office, and the Committee Chair, it may be necessary to close the space if mitigation or corrective action is not taken within a reasonable amount of time. This step is anticipated to be very rare.

## **TIER ONE ESCALATION PROCESS**

Environmental Health & Safety (EH&S) will provide the Committee Chair with a regular report that lists safety findings that qualify for consideration for escalation. Issues that require consideration by the Chair include, but are not limited to the following:

- Serious findings which have not been corrected within a specified timeframe
- Findings not addressed by the department Chair by the close out of that department's lab safety inspections (includes general findings)
- Findings that have been noted in previous surveys and remain an issue including general findings (i.e., repeat findings)
- Laboratories consistently (two consecutive years) not meeting overall safety performance expectations (score of at least 85%)
- Findings that have been noted due to a recently reported incident or accident

Note: Corrections that require infrastructure upgrades will be considered on a case-by-case basis and alternative risk mitigation strategies may be approved by the Committee (or a subcommittee consisting of at a minimum, the Chair, the UW CHO from EH&S, and a third committee member to be appointed by the Chair) and the EH&S senior director.

The Committee Chair may contact the department chairs and each PI/RP listed on the report to notify them of the consideration for escalation and give them an opportunity for the issue(s) to be resolved with EH&S. The department chair and PI/RP would be notified no later than two weeks prior to the next Committee meeting and have five business days from the time of contact by the Committee Chair to respond.

Once a report has been issued to the Committee, they may move to issue a Tier One Memorandum or defer issuance of the memorandum. If the Committee wishes to defer, it must establish a rationale for deferring issuance and set a time for re-evaluation.

A Tier One Memorandum will be sent to the PI/RP, their department Chair, and the dean of their school/college informing them of the noncompliance issue(s) and of the potential for suspension of operations if the issue is not resolved. The memorandum will detail the item(s) of noncompliance and provide a new timeframe for implementing corrective action.

A written response to the Tier One Memorandum is required. The response should contain details regarding either the corrective action taken or plans to take corrective action. Failure to respond within the stated time period (for general findings: 30 calendar days or less as determined by the Committee) may escalate the memorandum level to Tier Two. Lack of corrective action within the prescribed problem-resolution period following a Tier One Memorandum may result in the issuance of a Tier Two Memorandum. If the Committee wishes to defer issuance of a Tier Two Memorandum, it must establish a rationale for deferring issuance and set a time for re-evaluation.

Should the item(s) of concern be corrected within the specified timeframe, the Committee will issue a Resolution Memorandum indicating that corrective action has been taken and verified by EH&S. Since corrective action must be verified by EH&S, labs should provide sufficient time for EH&S to respond to claims of corrective action (two business days).

## **TIER TWO**

A Tier Two Memorandum will be sent to the PI/RP, their department Chair, and the dean of their school/college informing them of the noncompliance issue(s), and of the potential for suspension of operations. This notice will be sent to the PI/RP informing them that this is an item of noncompliance that was not resolved in response to the Tier One Memorandum. The PI/RP, or their designee, must provide a formal written response to the Committee and EH&S as to the reasons for a second instance of non-compliance and/or why the previous corrective action(s) was/were ineffective, and what further corrective action(s) will be implemented to prevent recurrence. In addition, the PI/RP will be asked, along with their department Chair, to appear before the Committee to discuss the proposed corrective action plan. The Committee will offer recommendations and/or additional requirements to the PI/RP to ensure future compliance.

Failure to respond within the stated time period (for general findings, 15 calendar days or less as determined by the Committee) may escalate the memorandum level to Tier Three. Lack of corrective action within the prescribed problem-resolution period following a Tier Two Memorandum will result in the Committee issuance of a Tier Three Memorandum. If the Committee wishes to defer escalation to Tier Three, it must establish a rationale for postponement of a recommendation and set a time for reevaluation.

Should the item(s) of noncompliance be corrected within the specified timeframe, the Committee will issue a Resolution Memorandum indicating that corrective action has been taken and verified by EH&S. Since corrective action must be verified by EH&S, labs should provide sufficient time for EH&S to respond to claims of corrective action (two business days).

### **TIER THREE**

The Institutional Chemical and Physical Safety Committee will review cases where safety issues are not resolved following a Tier Two Memorandum. The Committee has the authority to recommend modification, suspension, revocation, and/or termination of any activities that are deemed to pose an unacceptable risk to life or safety. In this event, the Committee will issue a Tier Three Memorandum.

In the case of an imminent finding or condition that is IDLH which has been identified by EH&S, specific activities, area usage, or lab operation may have already been suspended before notifying the Committee of the situation. EH&S is responsible for reporting this item to the Committee for a Tier Three Memorandum to be issued.

A Tier Three memorandum will be sent to the PI/RP, the department Chair, department dean and leadership, and University leadership, as needed in coordination with the EH&S senior director, the Executive Office and the provost. The notice will inform them of noncompliance and recommend that the PI/RP's operations be suspended until corrective action is taken.

Decisions to suspend, revoke, or terminate the right to operate may be appealed to the Executive Office. The Executive Office will decide on the course of action following consultation with the senior director of EH&S, and will provide authority and instruction on enacting suspensions. During the suspension period, the PI/RP and department Chair will be instructed to appear before the Committee to present a formal written corrective action plan and explain why the operation should be reinstated.

Should the item(s) of noncompliance be corrected within the specified timeline, the Committee will issue a Resolution Memorandum indicating that corrective action has been taken and verified by EH&S. Since corrective action must be verified by EH&S, labs should provide sufficient time for EH&S to respond to claims of corrective action (two business days).

SEE ATTACHMENT: Escalation Process Flow Chart