Present: Ristenpart (Chair), Gates, Kim, Tsegounis, de Ropp, Gage, Nimmanwudipong
Absent: none

1) Vote on Tarit Nimmanwudipong joining the Safety Committee as grad student rep – unanimously approved.

2) The committee unanimously agreed to sponsor a quarterly award for the best safety practice/innovation implemented by a CHMS research group. This committee will decide the awardee based on a short written statement. Bill has prepared the guidelines (attached) and will distribute at the next CHMS safety coordinators meeting.

3) Record keeping for completion of safety training prior to giving keys to labs was discussed at length. Based on the discussion Bill prepared the attached document.
The Department of Chemical Engineering & Materials Science will sponsor a quarterly “Safety Award” to recognize the research group that has made the most impressive and substantial improvements to safety in their laboratory.

The proposed eligibility requirements are as follows:

• The research group must have 1 or more active students working in an experimental laboratory
• Sometime during the quarter, the laboratory must have been inspected by the departmental safety advisor (Jim Gage) with the grad student safety coordinator present
• The research group must not have suffered any serious accidents or committed any egregious safety violations during the previous two quarters

To apply for the award, the grad student safety coordinator (with input from his/her group) will submit a 1-page maximum statement to the Safety Committee. Pictures and schematics are encouraged, but submissions longer than 1-page single-sided will not be considered. The statement will describe:

• Any changes or fixes in response to the safety inspection by Jim Gage
• Any new changes or improvements in protocols, procedures, equipment or supplies that substantially and materially improve safety within the laboratory
• Any changes in record keeping, SOPs, or other training requirements that help improve safety within the laboratory
• Any other improvements in regard to safety

Note that the award is not based on the absence of accidents in a lab – the award is based on taking proactive and positive steps for improving safety within the lab.

Submissions will typically be due at the end of the first week of the quarter, and will be based on activities during the previous quarter. The Safety Committee will review the statements and vote during their quarterly meeting for the winner by simple majority. No meeting is held in the summer, so safety improvements made during spring and summer quarters will be voted upon during the fall meeting. Members of the committee will recuse themselves during votes on their own research group.

The award will consist of:

• Public recognition during the quarterly grad student safety coordinators’ meeting, to highlight the generalizability and applicability of the winning safety improvements.
• A financial prize in the amount of $50 plus $10 per active researcher in the lab over the past quarter. (For example, a group with 4 grad students, 2 postdocs, and 2 undergrad research assistants will receive $130.) The intent of the money is to purchase food for group meetings, a group meal at a restaurant, or a group barbecue or picnic; receipts will be processed and reimbursed by the business office.

If in the opinion of the committee no submission was satisfactory, the money will ‘roll over’ to the next quarter to make the prize correspondingly larger.
CHMS Laboratory Orientation and Key Authorization (DRAFT)

As the designated Laboratory Safety Coordinator for the laboratory space located in

________________________________________________________________________.

(Building and room number(s) of laboratory space)

which is under the supervision of

________________________________________________________________________.

(Principal Investigator)

I affirm that I have personally provided

________________________________________________________________________.

(name of new student or employee)

with an orientation specific to the abovementioned laboratory space. I have informed the new student/employee about the nature and location(s) of potentially hazardous equipment and/or materials within the laboratory. Furthermore, I have informed the new student/employee that he/she may not work unsupervised in the laboratory until he/she has satisfactorily completed the following safety training courses designated by the Principal Investigator as mandatory for this laboratory:

☑ Departmental Safety Training (conducted by CHMS Safety Coordinator)
☑ Chemical Laboratory Safety (conducted by EHS)

More training offered by EHS that is mandatory for this laboratory (check all required):

☐ Fume Hood Training
☐ Safe Use of Cryogenic Liquids
☐ Biological Safety & Medical Waste Management
☐ Safe Use of Biological Safety Cabinets
☐ Hazardous Waste Management & Minimization
☐ Analytical X-Ray Safety
☐ Laboratory Radiation Safety
☐ Laser Safety
☐ Other: __________________________

Mandatory training on Standard Operating Procedures used specifically in this lab:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Finally, I affirm that I have encouraged the new student/employee to ask either me, the Principal Investigator, or the Departmental Safety Coordinator about any laboratory procedures or safety guidelines that are unclear to him/her.

________________________________________________________________________  _________________

(Lab Safety Coordinator signature)      (date)

I acknowledge that I have received and understood the laboratory orientation described above, and that I understand the training requirements that I must satisfy before being allowed to work unsupervised in the laboratory. Likewise, I acknowledge that I have been encouraged to ask questions about any procedures or safety guidelines that are unclear to me.

________________________________________________________________________  _________________

(new employee or student signature)      (date)

I hereby authorize the CHMS department to provide the abovementioned new student/employee with keys and/or passcodes to my laboratory space listed above.

________________________________________________________________________  _________________

(P.I. signature)       (date)