

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 PI Responsibilities video (https://www.youtube.com/watch?v=6KZawWfDYIQ) and understand that I am responsible for safety in my lab.
<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 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 , 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:	