***If you are using a printed copy of this procedure, and not the on-screen version, then you MUST make sure the dates at the bottom of the printed copy and the on-screen version match. The on-screen version of the Collider-Accelerator Department Procedure is the Official Version. Hard copies of all signed, official, C-A Operating Procedures are available by contacting the ESSHQ Procedures Coordinator, Bldg. 911A***

C-A OPERATIONS PROCEDURES MANUAL

ATTACHMENT

9.2.1.g **NSRL Users Experimental Safety Approval Form**

|  |
| --- |
| C-A OPM Procedures in which this Attachment is used. |
| 9.2.1 |  |  |
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Hand Processed Changes

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 Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Collider-Accelerator Department Chairman Date

P. Cirnigliaro, A. Emrick

|  |
| --- |
| **NSRL USERS EXPERIMENTAL SAFETY APPROVAL FORM** |

|  |  |
| --- | --- |
| ***1. NSRL PROPOSAL NUMBER:***  | ***Date Submitted:***        ***Expected Start Date:***  |
| ***2. EXPERIMENT TITLE:*** |
| 1. ***CONTACT PERSON FOR QUESTIONS REGARDING THIS EXPERIMENT:***

***Name of Person:***                             ***Phone Number ( home institution):***      ***Email:***                                                                                                                                                       |

*You must complete this form for all work listed on the proposal, not for any individual runs*

***.***

***4. EXPERIMENTERS*** *who will be working on this project. Indicate Principal Investigator. All experimenters must satisfy all training requirements for the experiment.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Affiliation** | **Phone** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***5. TASK AND HAZARD ANALYSIS:******Discuss what you will bring to BNL, how it will be shipped here, what special precautions you will take when using it and transporting it on-site, and how it will be disposed of and/or shipped back to your home institution. Include Radioactive items, materials and samples, hazardous materials, as well as non-radioactive and non-hazardous items and materials.***

|  |
| --- |
|  |

1. ***MATERIALS TO BE USED Please use only the minimum quantity and the least hazardous chemicals available to do your experiment successfully:***

***6a) Chemicals: List all chemicals including toxic and experimental substances, controlled substances, compressed gases, and cryogens, and nano materials:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Chemical** | **Quantity** | **Storage Location (Medical, NSRL, Biology)** | **Location of use (Medical, NSRL Biology)** | **Return to Home Institution?** | **Special Handling****Requirements** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*6b) BIOLOGICALS:******List all animals, cell lines (and note if they are primary or not), blood or body fluids, viruses, viable bacteria, or toxins of biological origin.***** *Please list detailed description of organisms below. You may need Institutional Animal Care and Use Committee (IACUC), Institutional Biosafety Committee (IBC) and/or Institutional Review Board (IRB) Approval:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Biological** | **Description** | **Disposal method at BNL or note return to Home Institution**  | **Special Handling/Approval (IRB, IBC)** |
|  |  |  |  |
|  |  |  |  |

*6c) Radioactive Materials:* *****List any radioactive materials, include any handling of activated materials:*****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**  | **Quantity** | **Storage Location (Medical, NSRL, Biology)** | **Location of use (Medical, NSRL Biology)** | **Disposal method at BNL or note return to Home Institution**  | **Special Handling****Requirements** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***If you are required to handle materials shortly after beam exposure (activated materials) indicate time frame required:***

|  |  |
| --- | --- |
| **Time Required** | **Description** |
|  |  |

**7. *EQUIPMENT: List any equipment you will bring to BNL. Please list where you will use it (NSRL, Medical, Biology). Listing of Potentially Hazardous Equipment Must Include: electric equipment not UL approved or certified to meet National Electrical Code, electronic equipment, detectors with flammable gases and flammable gas targets, flammable-combustible (e.g. plastic detector materials), samples, reactive metals etc, lasers, ovens, pumps, cryostats, pressure devices or pressure vessels, vacuum windows or vacuum vessels, liquid or gas mixing or containment systems, UV lamps, high-temperature devices, material handling devices, solenoids, spectrometer magnets, structures supporting heavy loads, compressed air or gas systems, RF or microwave devices, sound systems or noise greater than 85 dBA, items that emit liquids, gases, or vapors from the experiment, welding or burning tools, mercury containing devices, or any equipment or activities that require special written procedures by the User.***

**Description:**

**8. WASTES: (including clean waste, hazardous waste, radioactive waste, medical/biohazard waste.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Waste** | **Description** | **Anticipated quantity** | **Disposal Method** |
|  |  |  |  |
|  |  |  |  |

**9. USER COMMENTS:**

|  |
| --- |
|  |

**10. *TRAINING: Training requirements for each experiment will be posted on the NASA website. Listed below are the specific training requirements based on the work to be performed.***

**For return users, you may check your training status on-line at** [http://training.bnl.gov](http://training.bnl.gov/) **to see which courses you need to complete again.**

**All NSRL Users must complete the following 4 courses:**

1. **C-A Radiobiology Users Training**
* **Initial training - Classroom training necessary - contact** guvcenter@bnl.gov **for schedule.**
* **Renewals- every 24 months, complete Challenge exam at** [http://training.bnl.gov](http://training.bnl.gov/) **(study guide is available), or repeat classroom training.**
1. **Radiological Worker 1**
* **Part 1 can be done on-line at** <http://training.bnl.gov>
* **Part 2 consists of a challenge exam to be taken at BNL. Study guide is at** <http://training.bnl.gov>

**(Note: If you are from another DOE facility you can apply for DOE Radiation Worker Reciprocity by completing** [exemption form](http://training.bnl.gov/)**).**

1. **Cyber Security online at** [http://training.bnl.gov](http://training.bnl.gov/)**. Initial training only (no requalification required)**
2. **Guest Site Orientation online at** [http://training.bnl.gov](http://training.bnl.gov/)**. Initial training only (no requalification required)**

**In addition, ALL participants using laboratory facilities in the Bio Science Departments must complete the following.**

**If you are using chemicals, as noted in this experimental safety review, you must complete the following on-line courses**

* **Laboratory Standard (required every two years)**
* **Hazardous Waste Generator (required annually)**
* **Regulated Medical Waste Generator Training (initial training only)**

**If you are using Human blood, tissues, or primary human cells:**

* **Bloodborne Pathogens Training (required annually)**

**If you are using cryogens (liquid nitrogen or helium), you must complete the following on-line course:**

* **Cryogen Safety Awareness (initial training only)**

**If you are using compressed gases, you must complete the following on-line course:**

* **Compressed Gas Safety (initial training only)**

**If you are using dispersible Radioactive Materials such as tagged cells, or will handle your samples while activated from beam exposure, you must complete the following:**

* **Radioactive Waste Generator (HP-RADIGEN) available on-line**
* **Benchtop Dispersibles Training (required every two years) - contact Ann Emrick,** emrick@bnl.gov**, to arrange for course)**

**If you are using Animals:**

* **Laboratory Animal Training (LAT I): will be administered upon arrival. (Initial training only, no requalification)**

**If you are using Controlled Substances:**

* **Controlled Substance Awareness**
* **DEA Background Check: Contact Medical Chairman’s Office at (631)344-3715**

**ALL USERS MUST READ AND SIGN THE LOW HAZARD-WORKER PLANNED WORK OF THE CRAFT WORK PLAN SPECIFIC FOR THE EXPERIMENTAL RUN THEY ARE ATTENDING**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| ***Bio Science Experimental Review Committee Designee Approval:***  |                                                      |
| ***C-A Experimental Safety Review Committee Designee Approval:*** |  |
| ***Environmental Safety &Health Staff Comments and Requirements:*** |  |
| ***Approval Date*** |  |