

Integrated Safety Plan Certification Audit

Auditor(s): _____ Date: _____

 Audit Date: _____ Renewal Certification Initial Certification

Safety Programs Audited

Refer to Sheet 1 of "EHPS KPI Dept Employee Count (20230630).xlsx" document found in the "U:\PFREM_ALLSHARE\Employee Count" folder to identify departmental units eligible for certification.

Division: _____

Department(s):

| | | |
|--|--|--|
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The results of the Integrated Safety Plan (ISP) certification audit are below. Certification is pending review and approval of EHS management as well as abatement of any imminent dangers and deficiencies noted in this document. Upon certification, the unit's safety program will be indemnified from regulatory fines and deemed in compliance with Purdue University's **Environmental Health and Safety Compliance Policy** and all ISP requirements.

Distribution List

| | Name | Title |
|---------------------------|-------|-------|
| Dean/Sr. Director/VP: | _____ | _____ |
| Department Head/Director: | _____ | _____ |
| Supervisor/Manager: | _____ | _____ |
| | _____ | _____ |
| Safety Representatives: | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

 EHS: Brown, Butt, Juristyarini, Ridgway, Silanskis, J. J. Young

Safety Issues Posing an Imminent Danger

Imminent danger must be corrected immediately. EHS personnel with specialization on hazard must always be notified and, if necessary, called in for abatement.

| Imminent Danger | Abatement Date | EHS Verified (Initials) |
|-----------------|----------------|-------------------------|
| | | |
| | | |
| | | |

Deficiencies

Deficiency must be corrected within 90 days of audit.

| Deficiency | Abatement Date | Verified (Initials) |
|------------|----------------|---------------------|
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Safety Plan Continuous Improvement Goals

Goals must be completed prior to next year's certification.

ISP Certification Audit Checklist

Answering "NO" in a shaded area does not necessarily indicate a deficiency.

| 1. Safety Committee | YES | NO |
|---|-----|----|
| 1.1 How often does the committee meet during the year? | | |
| 1.2 How many members are on the committee? | | |
| 1.3 Are all affected peer groups represented on the committee? | | |
| 1.4 Do all high hazard buildings have at least one person on the committee? | | |
| 1.5 Is size and meeting frequency commensurate with hazards? | | |
| 1.6 What issues are discussed during safety committee meetings? | | |

| 2. Communication Channels | NA | YES | NO |
|---|----|-----|----|
| 2.1 Are employees aware of safety committee's communication channels? | | | |
| 2.2 Are minutes taken and communicated to everyone? | | | |
| 2.3 Are you aware of any work related injuries or illnesses since the last ISP certification? | | | |
| a. Were First Report of Injury forms submitted within 24 hours? | | | |
| b. Were actions taken to prevent these types of injuries in the future? | | | |
| c. Were any injury trends noted? | | | |
| 2.4 Were there any near misses within the past year? | | | |
| 2.5 Were any injury near misses investigated? | | | |

| 3. Upper Administrative Support | YES | NO |
|---|-----|----|
| 3.1 Do the safety committee and ISP have upper administrative support? | | |
| 3.2 Is upper administration support available to assist with uncooperative faculty or staff? | | |
| 3.3 Are safety committee representatives given enough time to perform their safety functions? | | |

| 4. Building Emergency Plan | YES | NO |
|---|-----|----|
| 4.1 Have Building Emergency Plans been submitted to Campus Emergency Preparedness and Planning Office for all departmental buildings? | | |
| 4.2 Is everyone aware of the Building Emergency Plan? | | |
| 4.3 Do building occupants know where to obtain/view their specific Building Emergency Plan? | | |

| 5. ISP Self-Audit Checklist (SAC) | | YES | NO |
|-----------------------------------|--|-----|----|
| 5.1 | Were all SACs completed within 6 months (1 year: interdisciplinary locations) of the audit date? | | |
| 5.2 | Are all locations where departmental personnel work represented by a SAC? | | |
| 5.3 | Are 100% of SACs signed by the principal investigator (PI) or responsible individual (RI)? | | |
| 5.4 | Are SACs reviewed by safety committee prior to the EHS audit? | | |
| 5.5 | Are deficiencies found while doing SACs abated or have "in progress" abatement plans? | | |

| 6. Physical Facilities Safety Requirements | | NA | YES | NO |
|--|---|----|-----|----|
| 6.1 | Did each supervisor complete the required number of safety observations each week? | | | |
| 6.2 | Are safety observations kept by department and reported to their director quarterly? | | | |
| 6.3 | 100% of accidents and injuries investigated with appropriate correction action taken? | | | |

| 7. Representative Sample Physical Inspection Locations | | NA | YES | NO |
|--|---|----|-----|----|
| 7.1 | Are PPE hazard assessments certifications available for all areas? | | | |
| 7.2 | Is appropriate and required PPE being used when and where it is required? | | | |
| 7.3 | Are minimum Hazard Communication Program requirements met for all applicable areas? | | | |
| 7.4 | Are minimum CHP requirements met for all applicable areas? | | | |
| 7.5 | Is the organization aware of and participating in all other applicable regulatory programs? | | | |
| 7.6 | Is there regulatory compliance for all programs where NOV's or fines are possible? | | | |
| 7.7 | Are all required labels, signs, and postings present? | | | |
| 7.8 | Are all chemicals appropriately labeled and unattended chemical containers closed? | | | |
| 7.9 | Are all hazardous waste containers closed and appropriately labeled? | | | |
| 7.10 | Are LC and HPLC waste containers properly closed to prevent evaporation? | | | |
| 7.11 | Is accumulation of waste, unused, and/or neglected chemicals acceptable? | | | |
| 7.12 | Are gas cylinders stored and secured properly? | | | |
| 7.13 | Is glassware under pressure or vacuum wrapped? | | | |
| 7.14 | Are electrical conditions acceptable? | | | |