

## Readiness Review (Initial) Instructions

To facilitate an initial Readiness Review, please do the following:

1. Complete Part I of the **Readiness Review Activity Approval Form** including activity description. Obtain signatures from:
  - Group Leader
  - Safety Coordinator
2. Complete **Activity Hazard Identification Checklist** and develop **Hazard Management Statements (see Hazard Management List)**.
3. Complete the **Readiness Review Training Identification Form** identifying the institutional modules required prior to performing this activity.
4. Complete the **Lifting Hazard Identification Form** indicating any potential lifting hazards you foresee.
5. Complete the **Personal Protective Equipment Needs Certification** form identifying any personal protective equipment needed for this activity.
6. Attach a list of **Authorized Users** and **Training Documentation**. An informal listing is acceptable.
7. Attach a copy of written **Standard Operating Procedures** for the activity as applicable (No 3-ring binders, see **Example S.O.P. List**).
8. Return the entire packet to ESH&A (G40 TASF) to initiate the review.

REMINDER: It is the responsibility of the Group Leader to notify other Directors (Division, Institute, or Program) associated with this activity, if applicable, to invite them to the Readiness Review meeting (e.g. CMI funding work in DMSE or C&BS).

If you have any questions feel free to contact your SRC Facilitator or ESH&A for assistance.

**Activity Number**

New Activity  
 5-Year Review  
 New Hazard

Last Reviewed \_\_\_\_\_

**Readiness Review Activity Approval Form**

**Part 1: Activity Identification Information**

Complete form and send with Hazard Identification Checklist, Hazard Management Statements, and other supporting documentation to ESH&A in G40 TASF.

Activity Title: \_\_\_\_\_ Building/Room: \_\_\_\_\_  
 Activity Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Activity Group Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

Provide a detailed description of your proposed activity (in layman's language):

Written SOP(s):  Training Form:  Current Chemical Inventory on File:  PPE Form: \_\_\_\_\_ Lifting Form:  Reviewed SDSs: \_\_\_\_\_

*I have reviewed the hazards identified and approve this activity:*

\_\_\_\_\_  
 Group Leader Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Reviewed by SC/SR Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: Developmental Approval**

ESH&A will categorize the activity hazard level. This step must be completed before acquisition, fabrication, or testing.

Safety Review Facilitator: \_\_\_\_\_ ESH&A Hazard Level: \_\_\_\_\_  
 ESH&A Lead: \_\_\_\_\_ Test Plan Date: \_\_\_\_\_

\_\_\_\_\_  
 ESH&A Lead Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Hazard Level Concurrence: SRC Facilitator Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 3: Operational Approval Recommendation**

Confirm Hazard Level: \_\_\_\_\_

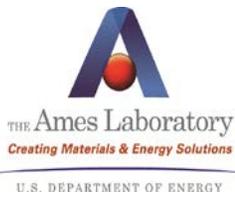
\_\_\_\_\_  
 ESH&A Lead Signature Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 4: Operational Approval**

\_\_\_\_\_  
 SRC Recommended Approval Employee #: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Div., Inst., Prog. Director/Dept. Mgr. Approval Employee #: \_\_\_\_\_ Date: \_\_\_\_\_





## Readiness Review Training Identification Form

**Activity Name:** \_\_\_\_\_ **Activity Number:** \_\_\_\_\_

**Instructions:** Indicate all necessary training modules for employees to complete prior to being exposed to the hazards associated with this activity. Completion of training will be verified at the time of review; verification of subsequent authorized users is the responsibility of the Activity Supervisor.

All Users	See Comments	Program	Module #
		<b>INDUSTRIAL HYGIENE</b>	
		Chemical Hazard Communication	AL-137
		Cylinder Safety	AL-022
		Respirator User Safety Training	AL-011
		Dust Mask Usage (Form)	AL-211
		BBP Exposure Control Plan Training	AL-035
		Hydrofluoric Acid Training	AL-134
		Safe Use of Cryogenes	AL-206
		Asbestos Awareness	AL-141
		Asbestos & 16 hr. O & M	AL-142
		Asbestos Contractor/Supervisor	AL-159
		Lead Awareness	INH 06
		Nano Technology Awareness	AL-208
		Biohazardous Materials	AL-202
		<b>ELECTRICAL SAFETY</b>	
		Research Electrical Safety Training (Awareness Training)	AL-191
		Basic Electrical Safety (Qualified Electrical Worker Training – QEWS) (< 600 Volts)	AL-019
		High Voltage Electrical (> 600 V)	AL-020
		Safe Equipment Wiring (For those building equipment)	AL-063
		<b>ENVIRONMENTAL</b>	
		Hazardous Waste Generator Training	AL-073

All Users	See Comments	Program	Module #
		<b>INDUSTRIAL SAFETY</b>	
		Personal Protective Equipment (PPE)	AL-133
		Hoisting & Rigging (Crane Safety)	AL-014
		Machine Safeguarding	AL-131
		Scaffolding Training	AL-139
		Ladder Safety (Pamphlet)	AL-136
		Lockout/Tagout (LOTO)	AL-012
		Confined Space Entry (CSE)	AL-023
		Fall Protection Training	AL-145
		Vehicle Mounted Elevating & Rotating Work Platforms (Boom Lifts)	AL-144
		Aerial Lift (Scissors Lift)	AL-179
		Hot Work and Open Flame	AL-149
		Hoisting & Rigging Inspector	AL-158
		Fork Truck Training (EHS)	AL-013
		Sprains and Strains	AL-183
		<b>RADIOLOGICAL</b>	
		GERT	AL-074
		Laser Safety Training	AL-070
		Radiological Worker II (Materials)	AL-077
		X-ray Safety Training	AL-076
		Radiation Survey Instrument Training	AL-157/AL-207
		Radiation Technician	AL-122
		<b>OTHER:</b>	

Comments: \_\_\_\_\_



## Readiness Review Lifting Hazard Identification Form

**Activity Name:** \_\_\_\_\_

**Activity Number:** \_\_\_\_\_

*Does this activity involve lifting of 20 pounds or more, lifting from awkward positions, or pushing/pulling?    Yes \_\_\_\_\_    No \_\_\_\_\_*

**If yes, Please complete the following table.**

<b>Lifting, Pushing, Pulling</b>	<b>Never</b>	<b>Occasional</b>	<b>Frequent</b>	<b>Remarks/Comments (specific examples)</b>
20 to 40 lbs.	I	III	V	
More than 40 lbs.	II	IV	VI	

Zones I & II: No training required

Zone III: Training Recommended

Zones IV, V & VI: Training Required

## PERSONAL PROTECTIVE EQUIPMENT (PPE) ASSESSMENT

Activity Name: \_\_\_\_\_

Activity Number: \_\_\_\_\_

### SECTION 1: Selection of PPE

Select type of PPE needed by the above referenced employee or job title.

#### Eye and Face Protection

Safety Glasses       Safety Goggles       Face Shield       Filtered (light radiation)       N/A

Comments: \_\_\_\_\_

#### Head Protection

General Services Hard Hat (Class A)       Utility Service High Voltage Hard Hat (Class B)       Other       N/A

Comments: \_\_\_\_\_

#### Hand Protection

Chemical Resistant Gloves       Abrasion Resistant Gloves       Gloves for Hot/Cold Extremes       N/A

Comments: \_\_\_\_\_

#### Foot Protection

Steel-toed shoes       Metatarsal Protectors       Chemical Resistant       N/A

Comments: \_\_\_\_\_

#### Respiratory Protection

Dust Mask       Half Face       Full Face       PAPR/SAR       Other       N/A

Comments: \_\_\_\_\_

#### Hearing Protection

Ear Plugs       Ear Muffs       N/A

Comments: \_\_\_\_\_

#### Torso Protection

Welding Jacket       Welding Apron       Chemical Apron       Cotton Coveralls      Tyvek Coveralls      Lab Coat       N/A

Comments: \_\_\_\_\_

**SECTION 2 (Optional):**

This section is intended to be used to assist in the evaluation of hazards and the selection of PPE. The list is not meant to be all-inclusive.

**Generic Job Categories**

*As you answer the following question, keep in mind the employee’s specific job tasks.*

Yes	No		PPE to Consider
<input type="checkbox"/>	<input type="checkbox"/>	Work in a chemist laboratory?	Hand, Eye/Face, Respiratory, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Work in a machine shop?	Hand, Eye/Face, Foot, Respiratory, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Duties include construction?	Hand, Eye/Face, Foot, Head, Respiratory, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Duties include painting?	Hand, Eye/Face, Foot, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Work with Lasers?	Filtered Eye/Face when performing alignment.
<input type="checkbox"/>	<input type="checkbox"/>	Building Maintenance?	Hand, Eye/Face, Foot, Respiratory, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Custodian?	Hand, Eye/Face, Foot
<input type="checkbox"/>	<input type="checkbox"/>	Maintain university groups (e.g. groundskeeper)?	Hand, Eye/Face, Foot, Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Work with cryogenics (i.e., liquid nitrogen/helium)	Insulated Hand Protection Eye/Face,

**Job Tasks and/or Materials Handling**

*Answer “Yes” to each item that is handled, operated worked in, or performed by the employee.*

Yes	No		PPE to Consider
<input type="checkbox"/>	<input type="checkbox"/>	Works in a noisy environment (>85 dBA, 8 hours continuously)?	Hearing
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to radiation?	Hand, Eye/Face, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Operates a welder or cutter?	Hand, Eye/Face, Foot, Torso, Resp.
<input type="checkbox"/>	<input type="checkbox"/>	Works with hazardous chemicals?	Hand, Eye/Face, Torso Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Operates power hand tools (drills, saws, jack-hammers)?	Hand, Eye/Face, Foot, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Works with or potentially exposed to human blood/tissues/fluids?	Hand, Eye/Face
<input type="checkbox"/>	<input type="checkbox"/>	Operates or works around an overhead crane?	Head
<input type="checkbox"/>	<input type="checkbox"/>	Works with pesticides or herbicides?	Hand, Eye/Face, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Duties include woodworking?	Hand, Eye/Face
<input type="checkbox"/>	<input type="checkbox"/>	Exposed or potentially exposed to airborne dust, chemical vapors or gases?	Eye/Face, Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Required to render First Aid as part of the defined job responsibilities?	Hand, Eye/Face
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to Hot/Cold temperature extremes?	Hand, Eye/Face, Torso
<input type="checkbox"/>	<input type="checkbox"/>	Exposed to pinching/cutting/abrasion hazards?	Hand, Foot

The following SOP Template is not required of the RR Packet. Examples are located here: [Sample Standard Operating Procedure](#)

## STANDARD OPERATING PROCEDURE

Use this form to document the Health & Safety information associated with the procedure.

Procedure Title: \_\_\_\_\_

Dept: \_\_\_\_\_ Bldg/Rm: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Procedure Overview: (brief description of the project)

### Hazard Control Measures:

(Lab coat, eye and hand protection, and closed toe/heel shoes must be selected as required by Section D of the ISU Laboratory Safety Manual.)

<input type="checkbox"/> Latex gloves	<input type="checkbox"/> Insulated gloves	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Respirator
<input type="checkbox"/> Nitrile gloves	<input type="checkbox"/> Safety glasses	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Fume hood
<input type="checkbox"/> Neoprene gloves	<input type="checkbox"/> Vented goggles	<input type="checkbox"/> Apron	<input type="checkbox"/> Biosafety cabinet
<input type="checkbox"/> Vinyl gloves	<input type="checkbox"/> Splash goggles	<input type="checkbox"/> Dust mask	<input type="checkbox"/> Glove box
<input type="checkbox"/> Leather/Work Gloves	<input type="checkbox"/> GHY -Toe Footwear	<input type="checkbox"/> Flame Resistant Lab coat	
Other: _____			

Procedure:

.  
.  
.

Using Substances Requiring Special Procedures? No Yes

(If Yes; identify authorized personnel, designate a use area and specify specialized safety precautions here. Refer to Section B in the ISU Laboratory Safety Manual for details.)

Written By: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

(PI, Activity Supervisor, or Lab Supervisor)

## II. HAZARD ASSESSMENT

Use the hierarchy of controls to document the hazards and the corresponding control measure(s) involved in each step of the procedure.

Consider *elimination or substitution* of hazards, if possible.

*Engineering Control(s)*: items used to isolate the hazard from the user (i.e. fume hood, biosafety cabinet).

*Administrative Control(s)*: policies/programs to limit the exposure to the hazard (i.e. authorizations, designated areas, time restrictions, training).

*Required Personal Protective Equipment (PPE)*: indicate PPE including specific material requirements if applicable (i.e. flame resistant lab coat, glove material, type of respirator or cartridge, etc.).

Hazard	Engineering Control(s)	Administrative Control(s)	Required PPE

## III. Training Record

Use the following table to record the training associated with this Standard Operating Procedure.

Print Name	Signature	Date

**Note: Attach to or file with written materials and methods**

