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**Integrated Safety Plan**

**ISP Self-Review, Part I**

The Integrated Safety Plan (ISP) at Penn State is based upon the implementation of three core elements: Leadership Commitment, Employee Involvement, and Self-Review. This document serves as the initial step in completing the self-review process. The purpose of this form is to identify the general safety issues that impact participating departments.

Each question should be answered with either a “Yes” or “No” response. Questions which generate a “Yes” response will be further evaluated in Part II of the self-review process.

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|  | **Yes** | **No** |
| 1. Are there any recognized hazards within this department that require the use of personal protective equipment (PPE)? |  |  |
| 1. Does this department include any laboratory areas? |  |  |
| 1. Does this department use or store any chemicals in non-laboratory areas? |  |  |
| 1. Does this department have any employees who could be exposed to blood or infectious bodily fluids during the course of their work? |  |  |
| 1. Does this department include any laboratories where hazardous biological materials are used? |  |  |
| 1. Does this department generate any infectious waste? |  |  |
| 1. Do emergency evacuation plans need to be developed for any areas within this department? |  |  |
| 1. Does this department have any employees who perform electrical work? |  |  |
| 1. Do any departmental employees access unguarded locations six feet or more above lower surfaces? |  |  |
| 1. Do employees in this department use powered industrial trucks? |  |  |
| 1. Do employees in this department use any form of aerial lift equipment? |  |  |
| 1. Does this department include any machine shop areas? |  |  |
| 1. Do employees in this department service or maintain equipment which could cause injury if unexpectedly energized? |  |  |
| 1. Do employees within this department enter confined spaces? |  |  |
| 1. Are there any respiratory hazards associated with department work activities (harmful dusts, fumes, mists, smokes, sprays, or vapors)? |  |  |
| 1. Are employees in this department involved in any asbestos-related activities? |  |  |
| 1. Are employees in this department exposed to noise levels greater than 85 decibels averaged over an eight-hour shift? |  |  |
| 1. Do employees in this department complete any hot work (i.e. welding, cutting, soldering, grinding, etc.)? |  |  |
|  | **Yes** | **No** |
| 1. Does this department have or use any lasers? |  |  |
| 1. Does this department have or use any radioactive materials, including sealed sources in machinery or equipment? |  |  |
| 1. Do employees in this department use any x-ray producing equipment? |  |  |
| 1. Does this department generate any hazardous waste? |  |  |
| 1. Do employees in this area ship hazardous materials, chemicals, biological materials, dry ice, dangerous goods, research samples, or diagnostic specimens off-site? |  |  |
| 1. Does this department have any non-mobile, fixed tanks with a capacity greater than 55 gallons? |  |  |
| 1. Do employees in this department use, transport, mix, or apply pesticides or enter plots that have been treated with pesticides? |  |  |
| 1. Does this department have any employees directly exposed to live animals, animal bedding, animal tissue, or animal fluids? |  |  |
| 1. Are there any ergonomic or material handling issues within this department? |  |  |
| 1. Do employees in this department operate any cranes or hoists? |  |  |
| 1. Do employees use or erect any form of scaffolding? |  |  |
| 1. Does this department have any Automated External Defibrillators (AED)? |  |  |
| 1. Are there any other unique safety hazards within this department? (If “Yes”, provide further information in “Comments” section) |  |  |

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| **Comments**  **(Please include any additional information related to your responses that you feel will be helpful)** |
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**Self-Review Completed By:**

**Completion Date:**