

Appendix A
Permission to Work Alone in a Laboratory
Ferris State University – Safety, Health, Environmental and Risk Management (SHERM)

Approved: FSU Campus Lab Safety Committee, SHERM (March 2024)

Scope:

This applies to any work that will be performed alone involving hazardous materials, hazardous procedures, hazardous equipment or equipment that has stored energy potential.

Rationale:

The objective of Permission to Work Alone is to prevent a scenario where a student or employee (worker) is injured due to hazardous work and is unable to get help. It is up to each Principal Investigator (PI) or Lab Supervisor (LS) to determine what level of hazard is permissible for working alone in their group. Some groups do not allow any working alone at all, while others allow varying degrees of working alone, depending on the specific hazard, the training and experience of the person working, and the safeguards that are in place. The PI/LS and the worker need to agree that the level of risk matches the level of protection. The Permission to Work Alone form clarifies and documents this. It assures the PI/LS that workers won't undertake unapproved hazardous processes alone and it assures the worker that the processes they are performing alone have been assessed for safety.

Chemical Hazards

"Hazardous Materials" are defined by the hazards indicated on the Safety Data Sheets, product labels or pictograms. A material is considered "hazardous" if it is classified as one or more of the following:

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|--------------------------|---------------------------------|
| 1. Flammable/Combustible | 6. Toxic to Aquatic Life |
| 2. Oxidizing | 7. Acutely Toxic/Poisonous |
| 3. Explosive/Reactive | 8. Carcinogenic/Organ Affecting |
| 4. Compressed Gas | 9. Irritant |
| 5. Corrosive | |

If the chemical has a National Fire Protection Association "safety diamond" on it, a number greater than 0 in any diamond identifies it as a hazardous material. If there is any hazard level associated with the material and a person will work alone with it, it is necessary to have the form on file. Working alone with pyrophorics (substances that ignite spontaneously upon contact with air) is always prohibited.

Biological Hazards and Toxins

Biological hazards and Toxins that rise to the level of requiring additional protection include working in BSL3 or BSL2 facilities that require containment beyond the normal precautions taken for normal bench work, work with Toxins that have no antidote or require treatment in a rapid time frame, or work with animals that might inflict serious injury require a work plan.

Radiological Hazards

Work with radiological hazards involving a high level source, or other higher risk activities require a work plan.

Physical Hazards

Work involving physical hazards such as high pressure, high voltage, extreme temperature including foundry work, machine shop rotary machinery such as a lathe or drill press, a non-manual bending or forming jig, or equipment with stored energy potential all require a work plan.

Instructions for completing Permission Form:

Section I:

SHORT DESCRIPTION OF WORK TO BE DONE:

Please describe the specific type of work to be done (such as synthesis of X compounds, preparation of X samples, running of X equipment, conducting X type of experiment).

HAZARDS ASSOCIATED WITH YOUR WORK:

Please indicate the hazards associated with your materials, procedures or equipment. If “other” is checked, please indicate the specific hazard(s).

Section II:

DURATION OF PERMISSION:

Please indicate the duration of the permission. This can be for a specified duration (such as a semester or a year if a known endpoint has been established), or indefinitely (such as the duration of studies, duration of employment or duration of the project, etc.).

WHAT PROCEDURES HAVE YOU IMPLEMENTED TO MITIGATE THE RISKS FROM THE HAZARDS ABOVE:

Please specify the measures in place that will protect the person working alone. These can be engineering controls (such as fume hoods), personal protective equipment (gloves, lab coat, safety glasses, goggles, etc.) or administrative controls (such as arranging to have campus security or another individual check in every 30 minutes or whatever makes sense). The safeguards should match the level of risk associated with the hazard of working alone, and cover possible scenarios. **Please specify what measures will be taken beyond what would normally be done if someone else was in the room.**

STANDARD OPERATING PROCEDURES SUBMITTED FOR REVIEW:

Include any SOPs that involve hazards associated with the work.

The signature of the PI in Section II must match the name of the PI in Section I.

Please feel free to discuss this or specific details further with SHERM. Please submit the forms to SHERM for review.

PERMISSION TO WORK ALONE FORM

SECTION I: Applicant (worker)

Position: ☐ Professional Student ☐ Graduate Student ☐ Staff

Name: _____

Department: _____

Email Address: _____

CAMPUS PHONE NUMBER: _____ CELLPHONE NUMBER: _____

PRINCIPAL INVESTIGATOR/LAB SUPERVISOR: _____

SHORT DESCRIPTION OF WORK TO BE PERFORMED (Briefly describe the procedures the applicant is being approved to perform alone):

HAZARDS ASSOCIATED WITH YOUR WORK:

Chemical Hazards: Check all appropriate boxes below

<input type="checkbox"/> None	<input type="checkbox"/> Peroxide Forming Chemicals	<input type="checkbox"/> Strong Corrosives	<input type="checkbox"/> Strong Acids
<input type="checkbox"/> Flammable Chemicals	<input type="checkbox"/> Strong Oxidizing Agents	<input type="checkbox"/> Strong Reducing Agents	
<input type="checkbox"/> Other: _____			

Biological Hazards: Check all appropriate boxes below

<input type="checkbox"/> None	<input type="checkbox"/> Infectious Agents	<input type="checkbox"/> Other: _____
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Radiological Hazards: Check all appropriate boxes below

<input type="checkbox"/> None	<input type="checkbox"/> LASERS	<input type="checkbox"/> X-Rays	<input type="checkbox"/> Isotopes
<input type="checkbox"/> Other: _____			

Physical Hazards: Check all appropriate boxes below

<input type="checkbox"/> None	<input type="checkbox"/> Hazardous Equipment	<input type="checkbox"/> Equipment with Energy Potential	<input type="checkbox"/> Other: _____
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I have completed Lab Safety training courses (as applicable) and have received training in the proper experimental and emergency procedures from my PI/Lab Supervisor and understand those procedures for the work I am authorized to do.

APPLICANT SIGNATURE: _____ DATE: _____

PERMISSION TO WORK ALONE FORM

SECTION II: PRINCIPAL INVESTIGATOR APPROVAL

The applicant has been trained in the proper experimental and emergency procedures for the work to be performed and understands those procedures.

BUILDING AND LAB NUMBER(S): _____

HOURS ALLOWED ACCESS TO LAB: _____

DURATION OF PERMISSION (Start/End Dates): _____

WHAT PROCEDURES HAVE YOU IMPLEMENTED TO MITIGATE THE RISKS FROM THE HAZARDS ABOVE:

STANDARD OPERATING PROCEDURES SUBMITTED FOR REVIEW: (List below and attach copies to this form):

PRINCIPAL INVESTIGATOR'S SIGNATURE: _____ DATE: _____

CAMPUS PHONE: _____ EMERGENCY PHONE: _____

SECTION III: Administrative Approvals

This applicant has completed all necessary laboratory safety and hazardous waste training and is approved to work alone as specified above.

Department Chair Name: _____ Signature: _____ Date: _____

Dean Name: _____ Signature: _____ Date: _____

SHERM Representative Name: _____ Signature: _____ Date: _____