LABORATORY Facility Use Agreement

*This template can help establish clear expectations and responsibilities health and safety in the event UW personnel or students request to use your laboratory for student work or a capstone project.*

**Facility Name:**

**Building Name and Room Number(s):**

**Facility Manager/Responsible Party’s Name:**

**Facility Manager/Responsible Party’s Email and Contact Number:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary User’s Name:**

**Primary User’s Email and Contact Number:**

**Primary User’s Department Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class Name or Number (if applicable):**

**Quarter and Year:**

**Summary of work to be completed at the facility:**

**Equipment to be used:**

**Chemicals to be used:**

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

# facility policies

*Instructions: Add facility-specific instructions to each item listed below.*

## general work policies

*Add additional information on facility policies such as hours of operation, working alone, use of equipment, and communication expectations for the facility as needed.*

* Each user is responsible for organizing and cleaning up their supplies and area(s) used at the end of their work shift.
* Identify the hazards of any waste generated and follow accumulation rules, which include labeling, storage, and handling requirements.
* Report all accidents, incidents, and near misses through the [Online Accident Reporting System (OARS)](https://www.ehs.washington.edu/workplace/incident-reporting)

## Supplies used that must remain in the facility

**Click or tap here to enter text.**

## Chemical use in the facility

* Any chemicals brought into the facility must be approved by the facility manager/responsible party prior to work starting.
* The primary user must supply a current Safety Data Sheet (SDS) for each chemical.
* Primary chemical containers brought into the facility will **Choose an item.**
* Standard Operating Procedures (SOPs) for all particularly hazardous substances and use of hazardous chemicals and equipment are established prior to work starting.
* Labeling practices for all chemical containers are followed as stated on the [Chemical Container Labels](https://www.ehs.washington.edu/chemical/chemical-container-labels) webpage and in Section 2 of the [UW Laboratory Safety Manual](https://www.ehs.washington.edu/resource/laboratory-safety-manual-510).
* Chemicals and supplies brought in for use are stored in their designated locations. Refer to Section 2 of the [UW Laboratory Safety Manual](https://www.ehs.washington.edu/resource/laboratory-safety-manual-510) for information on chemical storage practices.
* Chemical waste containers are labeled with a UW waste container label as soon as waste is generated and dispensed into the container. Refer to the [Chemical Waste](https://www.ehs.washington.edu/chemical/hazardous-chemical-waste-disposal) webpage, the [Chemical Waste Management Practices](https://www.ehs.washington.edu/system/files/resources/chemical-waste-management-focus-sheet.pdf) focus sheet, and Section 3 of the [UW Laboratory Safety Manual](https://www.ehs.washington.edu/resource/laboratory-safety-manual-510) for more information.

## facility-specific training

* The primary user must complete an orientation to the facility before work in the space is started by them or anyone who works under them.
* Facility SOP(s) training required for each user of the facility:

**Click or tap here to enter text.**

## Required EH&S Training

*Attach a copy of the* [EH&S Laboratory Safety Training Matrix](https://www.ehs.washington.edu/system/files/resources/ehslabsafetytrainmatrix.pdf) *to document EH&S trainings required for working in this facility.*

## training Documentation

* The primary user must **Choose an item.** [Personal Protective Equipment (PPE) Hazard Assessment](https://www.ehs.washington.edu/resource/laboratory-ppe-hazard-assessment-guide-351) for all lab activities performed in the facility.
* The primary user is responsible for ensuring and documenting that they and all users who work under them have:
* training on all [Standard Operating Procedures (SOPs)](https://www.ehs.washington.edu/chemical/chemical-sops) used in the facility.
* training on PPE practices for all lab activities performed.
* completed all required EH&S trainings.
* Completed [Lab Employee Safety Training Records](https://www.ehs.washington.edu/resource/lab-employee-safety-training-record-174) or equivalent documents to capture safety orientations and all other in-house trainings are stored here:

**Please list where all trainings, including on SOPs, are tracked (i.e. an excel file, a specific software system, a signature on the SOP signature page etc.)**

# Personnel using the facilities

Please list the names and UW net IDs of the primary user and all individuals under their supervision using the facility per this facility use agreement (students taking a class in the space do not need to be included):

|  |  |
| --- | --- |
| **Name** | **UW Net ID** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Signatures of agreement and approval

**Primary User:** **Principal Investigator or the Responsible Party applying for use of the facility .**

**Signature:** **Please sign electronically or use the line below to sign a printed version**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: Click or tap here to enter text.**

**Facility Manager/Supervisor’s Name:** **Click or tap here to enter text.**

**Signature:** **Please sign electronically or use the line below to sign a printed version.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** **Click or tap here to enter text.**