Office of the Vice Chancellor for Research

Dear Deans, Directors, Department Chairs, Administrative Officers, and Faculty:

The UCLA laboratory research community, along with campus health and safety experts, has worked hard to maintain a safe working environment and to be in compliance with safety regulations. While the vast majority of our laboratory Principal Investigators and their research staff are in compliance, a small number of laboratories are out-of-compliance repeatedly – sometimes for many months. In response, the faculty-led Office of the Vice Chancellor Safety Oversight Committee (OSOC; formerly known as the Laboratory Safety Committee) has developed a Laboratory Safety Compliance Procedure.

The purpose of this procedure is to define enforcement and sanctions regarding issues of repeat noncompliance by laboratory researchers working with chemical, biological, and physical hazards. Details of this policy are in the attached document.

Comments and questions should be directed to Dr. Kenneth Bradley (kbradley@microbio.ucla.edu), Chair of the OSOC. These will be collected and sent to members of the OSOC for consideration and response.

Kenneth Bradley, PhD
Associate Professor of Microbiology, Immunology, and Molecular Genetics
Chair, Office of the Vice Chancellor Safety Oversight Committee

James Economou, MD, PhD
Vice Chancellor for Research

LABORATORY SAFETY COMPLIANCE PROCEDURE

I. PURPOSE

This procedure, developed and approved by the faculty-led Office of the Vice Chancellor Safety Oversight Committee (OSOC), defines enforcement and sanctions regarding issues of continued noncompliance by laboratory researchers working with chemical, biological, and physical hazards.
II. RESPONSIBILITIES

This procedure is periodically revised and reviewed by the UCLA OSOC. Updated versions will be maintained and distributed by the Office of Environment Health and Safety (EH&S). EH&S provides training and works closely with researchers to facilitate safe laboratory operations and ensure compliance with federal, state, and university regulations. As part of the mission to ensure safe laboratory practices, EH&S conducts laboratory inspections and documents instances of noncompliance with chemical and physical safety standards. The director of EH&S will issue Memoranda of noncompliance and EH&S will maintain a database of Memoranda. Enforcement of this procedure is the responsibility of the OSOC and Vice Chancellor for Research.

III. PROCEDURE

The OSOC is charged with promoting a safe working environment in all research and teaching laboratories on campus. Each laboratory is required to operate safely and in accordance with all applicable regulations and university policies. As part of this requirement, Principal Investigators must have completed Fundamental Laboratory Safety for PIs/Laboratory Supervisors before they can begin laboratory operations; PIs who have not taken this training will not be allowed to continue operating their labs until the training is complete. All other laboratory personnel, paid or unpaid, including but not limited to researchers, students, lab-helpers, and staff, must complete all required safety training prior to working in a laboratory. Required safety training includes, but is not limited to, Fundamentals of Laboratory Safety Training, Lab Specific Training, and all training relevant to tasks performed.

In addition to providing safety training, EH&S conducts laboratory safety inspections. When noncompliance issues are observed and documented by EH&S, follow-up actions are required to ensure safety of researchers and compliance with university policies. All documented noncompliance issues require a repeat inspection by EH&S. “Serious findings” require rapid resolution and are re-inspected within 48 hours of the finding. “Non-serious findings” are allowed 30-days for resolution. Failure to resolve either type of finding within the required timeframe will be reported to the EH&S Director, and Department Chair. Failure to resolve findings of noncompliance will result in a 3-tiered course of action as outlined below.

TIER ONE

If one or more documented issues of noncompliance is/are not corrected within the prescribed time frame, a Tier One Memorandum may be issued. The memorandum will indicate the item(s) of noncompliance that require corrective action(s) to be implemented and provide a new timeframe for implementing corrective action(s). Corrections that require infrastructure upgrades will be considered on a case-by-case basis and alternative risk
mitigation strategies may be approved by the Director of EH&S.

**TIER TWO**

Lack of corrective action within the prescribed problem-resolution period following a Tier One Memorandum may result in the issuance of a Tier Two Memorandum. This notice will be sent to the PI informing him/her that this is a repeat item of noncompliance. The PI, or their designee, must provide a formal written response to EH&S as to the reasons for a second non-compliance issue and/or why the previous corrective action(s) was/were ineffective and what further corrective action(s) will be implemented to prevent recurrence. The Principal Investigator (or other responsible manager) will be asked, along with the Department Chair, to appear before a special sub-committee of the OSOC to discuss the proposed corrective action plan. The Committee will offer recommendations and/or additional requirements to the Principal Investigator to ensure future compliance.

**TIER THREE**

Lack of corrective action within the prescribed problem-resolution period following a Tier Two Memorandum may result in the issuance of a Tier Three Memorandum. This notice will be sent to the Principal Investigator, the Department Chair, and the Vice Chancellor for Research informing them of the continuing noncompliance and recommending that the Principal Investigator’s operations be suspended until corrective action is taken. The Vice Chancellor for Research will decide on the course of action following consultation with the OSOC and the Director of EH&S and will provide authority and instruction on enacting suspensions. During the suspension period, the Principal Investigator and Department Chair will be instructed to again appear before the OSOC to explain why the operation should be reinstated and to present a formal written corrective action plan.

**IV. REFERENCES**

A. UCLA Laboratory Safety Manual

B. UCLA Policy 811