This form may be used to summarize information for your Safety Committee’s Annual Report and may be submitted to Mike Gladle at the Department of Environmental Health and Safety. If additional explanation is needed, please contact Mike Gladle at extension 8475 or by email at mgladle@udel.edu.

# Academic Annual Report Form

**Department**:

**Committee Chair**:

**Committee Members**:

| ***Item*** | ***Comments*** |
| --- | --- |
| **Meeting Dates for Reporting Fiscal Year:** | Fiscal Year:  |
| 1) |       |
| 2) |       |
| 3) |       |
| 4) |       |
| Other: |       |
|  |  |
| **Meeting Dates/Times for Next Fiscal Year:** | Date/Time: Fiscal Year:       |
| 1) |       |
| 2) |       |
| 3) |       |
| 4) |       |
| Other: |       |
|  |  |
| **Accident Report Summary:** |  |
| -Number of Injuries/Illnesses: |       |
| -Number of Injuries/Illnesses Investigated: |       |
| -Specific Actions Taken to Prevent Injuries/Illnesses: |       |
| Near Misses Reported |       |
|  |  |
| **Facility/Laboratory Inspections:** |  |
| -Frequency Inspections were Completed: |  |
| *Please Check* | 1 per year [ ]  |
|  | 2 per year [ ]  |
|  | 3 per year [ ]  |
|  | 4 per year [ ]  |
| -How were Inspections Performed? |  |
| *Please Check* | Self-Inspection [ ]  |
|  | Peer Inspection [ ]  |
|  | Committee Inspection [ ]  |
|  | DEHS Inspection [ ]  |
| -Were identified issues rectified? |  |
|  | Yes [ ]  |
|  | No [ ]  |
|  | In Progress [ ]  |
| **Emergency Response Training:** |  |
| -Number of Fire Drills Conducted: |       |
| -Buildings where Drills were Held: |       |
| -Other Emergency Training Performed: |       |
| -Are emergency evacuation plans posted in all departmental buildings with gathering points specified? |       |
| **Safety Training** (Check all that apply)**:**  |  |
| [ ]  | Asbestos Awareness |
| [ ]  | Bloodborne Pathogens |
| [ ]  | Biosafety |
| [ ]  | Chemical Hygiene Plan |
| [ ]  | Compressed Gas training |
| [ ]  | Computer workstation training |
| [ ]  | Confined Space |
| [ ]  | Dept. of Transportation |
| [ ]  | Ergonomics |
| [ ]  | Fall Protection |
| [ ]  | Fire Safety |
| [ ]  | Fork Lift Training |
| [ ]  | Fume hood Training |
| [ ]  | Hydrofluoric Acid Safety (HF) |
| [ ]  | Indoor Air Quality |
| [ ]  | Job Hazard Analysis |
| [ ]  | Lab Animal Safety |
| [ ]  | Lab Inspection Training |
| [ ]  | Lab Instructor Safety Training |
| [ ]  | Laser Safety |
| [ ]  | Lock Out/Tag Out |
| [ ]  | Lyme Disease |
| [ ]  | New Graduate Student Orientation |
| [ ]  | Proper Lifting |
| [ ]  | Radiation Safety |
| [ ]  | Reactive Chemical Training |
| [ ]  | Respiratory Protection |
| [ ]  | Right-to-Know (RTK) |
| [ ]  | Toxic Chemical Training |
| [ ]  | Waste Management |
| Other: |       |
|  |  |
| **Activities Performed by the Chemical Hygiene Officer:** |  |
| -Chemical Pre-purchase Approval? Yes/No |  |
| -Personal Protective Equipment Referrals? Yes/No |  |
| -Do Labs maintain Chemical Inventories? |  |
| None: | [ ]  |
| Some: | [ ]  |
| All: | [ ]  |
|  |  |
| -Do Labs use the Environmental Health and Safety Assistant program (EHS Assistant) for Chemical inventory or tracking training? |  |
| -Is EHS Assistant used for other purposes? Radiation or Biological purposes? specify |  |
|  |  |
| **Departmental Safety Policies/Procedures Created:** |  |
| -Do you have a Lightning Procedure? Yes/No |  |
| -Do you have any Departmental PPE policies? Yes/No |  |
| -Other Departmental Policies/Procedures? List |       |
|  |  |
| **Summarize Progress on Completing Job Hazard Analysis (JHA)** |  |
| -Have you completed any JHA's? List: |       |
| -Have you established any SOP's? List: |       |
| Other: |       |
|  |  |
| **Safety Promotion:** |  |
| -Do you post or forward the electronic posters received from EHS? |  |
| -Do you host a Safety Bulletin Board in your Department? |  |
| -Do you host a web page featuring Department Safety Information? |  |
| -What is the URL of the Departmental Safety website? |       |
| -Do you post or circulate the Safety BeakOn? |  |
|  |  |
| **Special Accomplishments:** |  |
| -Have you been awarded DOM in reporting period? When? |       |
| Other: |       |
|  |  |
| **Safety concerns your committee has been unable to resolve during the past year and has sent to the Department Chair for resolution or action:** |       |
|  |  |

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