

**Complete and return copies by April 15, 2005, to:**

**Department Chair**

**OEHS, 1314 Kinnear Road, Rm. 210, CAMPUS**

**Faculty and Principal Investigator  
Lab Standard Survey Form**

**Date:** \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Have you received Lab Standard Training at OSU? (check one)      Yes    No

2. Who trained you? \_\_\_\_\_

3. How many laboratory rooms (4 walls) does your research group occupy? \_\_\_\_\_  
List building and room numbers:

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

4. Does your group have a written, completed, current (completed or revised within one year) Chemical Hygiene Plan? (check one)      Yes    No

5. How many lab employees are in your research group (head count)? \_\_\_\_\_

6. How many lab employees have received Lab Standard Training at OSU? \_\_\_\_\_

7. Who trained your lab employees?

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

8. How many lab related injuries or illnesses occurred in your group in 2004? \_\_\_\_\_

9. How many workdays were lost (count full days employees could not return to work) due to lab related injuries or illnesses in 2004? \_\_\_\_\_

10. Does your research involve biohazards? (check one)      Yes    No

Please note: Biohazards are infectious agents or materials produced by living organisms that may cause disease in other living organisms (e.g. blood tissues toxins, allergens, venoms, arthropods, etc.)