



Principal Investigator:

Joseph Lai (R-G05, x8965)

Secondary Contacts:

Mike Walter (A-104, x8951)

Emergency Information:

Staff Member: 202-370-7738 (cell)

BBR (Gary Bors): 202-510-8577

BBR (Quintin Miller): 202-590-6188

All other emergencies: 911

Purpose:

This area is designed for the creation and repair of electronics.

All laboratories and facilities on the Broad Branch Rd. campus are controlled areas. Specific training must be completed and documented before working in this laboratory / facility.

Specific Hazards:

- Soldering and use of flux for soldering produces fumes that may be carcinogenic. Users should use the fume extractor.
- Soldering irons produce extremely high temperatures and care should be taken not to touch the hot tips.
- High voltages from power supplies and instruments are possible.

Rules of Operation:

- All potential users in this space must be trained by the PI or a qualified staff member.
- Notify the PI before taking test equipment. (Email or verbally)
- Spare parts are free for anyone to take, but please inform the PI if supply is low.
- When in doubt, stop and contact the PI or a qualified staff member
- Safety is the responsibility of every user that is working in this lab space.
- SDS and this safety plan will be located at the entrance of the lab.
- After hours usage of the lab is permitted only by prior approval from the PI
- Report all accidents/incidents as soon as possible to the PI or to a safety committee member.

Emergencies:

In case of fire:

- Sound the fire alarm
- If trained to fight an incipient fire, use the appropriate fire extinguisher (likely located in the hallway). Make sure to keep your back to an unblocked exit.
- Evacuate the building.
- Call 911 to notify emergency services.
- Do not let unauthorized personnel enter the building.
- Wait for the all clear from emergency response personnel or authorized persons (e.g. Gary Bors or the Directors).



Laboratory User

I agree that I have thoroughly read and understood this laboratory safety document. I have access to this safety information at all times when I am working. I have been trained to be able to identify the hazards to which I may be exposed and to follow the work practices and procedures discussed in this document. I certify that I will conduct my research work safely and that I will be responsible for following stated safety policies.

User Name (Print)

User Signature

Date

Principal Investigator

I certify that the information presented in this safety document is accurate and complete. I agree to comply with all safety procedures and to fully train and supervise all researchers under my direction.

PI Signature

Date