

Facility Safety Plan Status Report

A Facility Safety Plan Status Report must be submitted **annually** starting no later than 1 year **after** obtaining the initial approval of the institution's Facility Safety Plan. To determine if your organization has an approved Facility Safety Plan, check our website listing at: <https://mrmc.detrick.army.mil/crprcqsohdfsplan.asp>. The Facility Safety Director/Manager must provide a brief description of any parts of the Facility Safety Plan that may have changed during the past 12 months. (Additional pages may be attached.)

During the past 12 months:

1. Have any change(s) in Research Operation Safety Procedure(s) been made? Yes _____ No _____
If yes, briefly describe:

2. Have any modifications to the facility, equipment and description (e.g., new equipment purchased, hood ventilation certification) been made? Yes _____ No _____ If yes, briefly describe:

3. Hazard Analysis: Have any new hazards been identified for any of the awards supported by the USAMRMC? Yes _____ No _____ If yes, provide a hazard analysis for each new hazard.

4. Radioactive Materials: Have any significant change(s) occurred in the use of the radioactive materials? Yes _____ No _____ If yes, briefly describe:

Are there any additional radioactive materials in use? Yes _____ No _____ If yes, list additional material(s).

Is the radioactive material licensure current? Yes _____ No _____ If no, please explain.

I certify that all of the above elements are true and correct to the best of my knowledge, and I assure that this institution provides a safe environment for its employees working in research laboratories in accordance with Federal, State and local government regulations. This safety office provides employee safety training and periodic laboratory inspections in an effort to minimize, eliminate, or control potential hazards to the employees and the public.

I understand that the Safety Office, USAMRMC, may conduct periodic site visits in order to ensure the indicated elements are in compliance with regulatory requirements.

Name of the Institution: Kansas State University

Name of Safety Director/Manager: Steven J. Galitzer, PhD

Signature: _____ Date: _____
Safety Director/Manager

E-MAIL ADDRESS: safety@ksu.edu

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FACILITY SAFETY PLAN APPROVED BY USAMRMC SAFETY OFFICE:

_____ DATE _____