



Assurance of Safety Standards in Academic Settings

Responsible Officials:	Vice Chancellor for Research, Innovation and Economic Development Vice Chancellor for Physical Operations, Planning, and Development
Responsible Office:	Environmental Health & Safety
Issuance Date:	July 2, 2025
Effective Date:	July 2, 2025
Summary:	To ensure a healthy and safe working environment in Laboratories, Shops, and other academic settings such as research in the field. This Policy establishes a process for identifying and correcting safety deficiencies and issues of non-compliance.
Scope:	All Personnel including Faculty, Staff, Students, and Visitors. All teaching and research conducted in academic settings, including research and teaching Laboratories, research fieldwork, shared research support facilities, and machine Shops used for teaching and research-related activities. This Policy does not apply to Shops operated by Facilities Management, the UC Merced Central Plant, construction sites, or other non-academic operations.

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I. POLICY SUMMARY

The University of California Merced is committed to a Laboratory safety program that makes safety an integral part of research and instructional activities. Faculty, students, and other Personnel in Laboratories and other academic settings may engage in activities involving hazardous materials, equipment, and/or processes. Regarding safety and environmental protection, these activities must adhere to state and federal regulations and University policies.

This Policy establishes campus procedures for identifying deficiencies of such regulations and policies, the process used to suspend Laboratory and certain Shop operations when necessary, and the method used to return the Laboratory or Shop to normal operations.

This Policy applies to teaching and research conducted in academic settings. It applies to research and teaching Laboratories, research fieldwork, shared research support facilities, and machine Shops used for teaching and research-related activities. It does not apply to Shops operated by Facilities Management, the UC Merced Central Plant, construction sites, or other non-academic operations. Nothing within this Policy is intended to supersede related requirements nor the stop-work authority detailed in other campus safety policies, plans procedures, or manuals (e.g., the campus Radiation Safety Manual).

All individuals directly involved in, or in support of, instructional and research Laboratory activities are responsible and accountable for Policy implementation and for ensuring adherence to this Policy.

II. DEFINITIONS

Immediately Dangerous to Life or Health (IDLH): A circumstance or condition that creates a reasonable possibility of death or immediate or delayed permanent adverse health effects, or of preventing escape from such a possibility.

Laboratory: In this Policy a “Laboratory” or “Lab” refers to any part of a building used or intended to be used by the university for research or other scientific activities which may be hazardous. This includes research Laboratories, teaching Laboratories, support facilities, and shared facilities. This Policy also covers off-campus facilities, on-and off-campus clinical facilities, and fieldwork locations where approved educational or research activities are conducted.

Personnel: Any individual who actively performs work functions with hazardous materials or equipment in a Laboratory or Shop. Personnel may be a faculty, staff, student, postdoctoral

scholar, visitor, volunteer, or anyone else assisting or performing an experiment, research, or any process in a Laboratory or Shop.

Principal Investigator (PI): The senior individual, unless specified in writing, with supervisory responsibility for a Laboratory or Shop. This can be a faculty member or an employee who may have authority to hire Personnel, evaluate performance, direct work assignments, apply progressive discipline, and direct resources to correct identified safety issues in a Laboratory or Shop. Note: this definition is different from the definition in the UCOP Contracts and Grants manual.

Shop: A place where machinery and/or tools to support the academic mission are used. This includes but not limited to, engineering Shops, art workshops, and other sites supporting academic activities. This does not include Shops operated by Central Plant, construction sites, and other non-academic operations.

Standard Operating Procedure (SOP): A written set of instructions that documents how to safely perform work involving hazardous chemicals or hazardous operations.

III. POLICY TEXT

As a California employer, UC Merced has a general duty to provide a safe work environment under the laws and regulations implemented by the California Division of Occupational Safety and Health (Cal/OSHA). In addition, state law requires the university to maintain an [Injury and Illness Prevention Program \(IIPP\)](#) that includes procedures to investigate occupational injuries or illnesses, and methods for correcting unsafe or unhealthy conditions in a timely manner. Cal/OSHA regulations also contain health and safety standards specifically applicable to Laboratory operations. UC Merced is committed to providing a healthy and safe environment for all members of the campus community and visiting members of the public, including non-employee students and other visitors.

Safety in a research setting begins with the Principal Investigator (PI). The PI conducts and oversees Laboratory, Shop and teaching activities and is responsible for managing any associated hazards in compliance with state law and University policy on health and safety standards. The PI ensures that students, employees, and visitors under faculty oversight are properly trained to perform the work overseen by the PI. The PI also maintains written Standard Operating Procedures (SOPs) relevant to Laboratory or Shop operations and work performed in the Laboratory or Shop and ensures that training on the SOPs is completed and documented prior to the work being performed.

Any university employee or student has the right and responsibility to report to the PI, the school deans, the Office of Environment, Health & Safety (EH&S), and/or the Vice Chancellor for Research, Innovation and Economic Development (VCR) immediately upon observing or having knowledge of an unsafe condition or practice. In accordance with the University's Whistleblower Policy (referenced below), no retaliation may be taken against an employee or student for reporting such unsafe conditions or practices. Depending on the nature of the hazard and applying its technical expertise, EH&S will inspect the work area and make preliminary determinations as to the tier and escalation route for the required corrective action. Such inspections may also occur as part of a regularly scheduled program.

IV. PROCEDURES

EH&S will categorize safety deficiencies or compliance failures into one of two tiers:

- Tier 1 – a condition that is an IDLH Hazard; or
- Tier 2 – a condition that does not qualify as Tier 1 and that is under the responsibility of academic leadership to correct as described below, whether this requires resources at the PI, department, or campus level.

A. REPORTING AND ADDRESSING TIER 1 DEFICIENCIES

1. Tier 1 deficiencies will be immediately communicated to the PI with a requirement for immediate corrective action and/or activity suspension (shutdown) as necessary and will be immediately referred to the VCR and the appropriate department dean, or chair.
2. In the case of a safety deficiency constituting an IDLH hazard (a Tier 1 deficiency), the Personnel engaged in the safety risk will be informed of the hazard and asked to address the hazard immediately. The school dean, EH&S, VCR and/or Executive Vice Chancellor and Provost (Provost) may order the immediate shutdown of the unsafe operation. If time permits, these offices should consult with one another in making the decision to shutdown a Laboratory or Shop. The official(s) ordering a shutdown will notify the senior individual present in the Laboratory or Shop so that all activities in the space may be safely shutdown. When it is safe to do so, the official(s) ordering the shutdown will immediately notify the appropriate department chair, school dean, EH&S, VCR and the Provost.
3. The chair, school dean, EH&S and/or VCR may take appropriate action to enforce the shutdown order.

B. REPORTING AND ADDRESSING TIER 2 DEFICIENCIES

1. EH&S assigns to each Tier 2 deficiency a deadline for correction. Laboratory Tier 2 deficiencies not corrected by the PI within the established timeline, will be referred to the relevant School Representative(s) for correction. Depending on the resources required, the School Representative(s) will either implement the corrective action or escalate the matter to the relevant campus unit. Tier 2 deficiencies involving long, unresolved, or repeated violations by the same Laboratory or Shop Personnel, will be referred by EH&S to the campus Research Safety Committee (RSC) and VCR for resolution. Other campus oversight committees may act in place of the RSC if the issue under consideration falls more appropriately within that committee's jurisdiction.
2. In the case of a Tier 2 deficiency which remains unresolved beyond the deadline established by EH&S, the RSC will review and consider the EH&S safety inspection findings, and any response offered by the affected PI. As part of its deliberations, the RSC will decide as to the corrective action(s) required. Such an action(s) may include, but not limited to, requirements for the continued operation of the Laboratory or Shop, exclusion of certain Personnel from the workplace, or suspension of Laboratory or Shop operations.

C. RESUMING NORMAL LABORATORY OPERATIONS

1. EH&S and the RSC will prioritize granting permission to resume normal Lab operations after a partial or full shutdown of a Laboratory or Shop. They will follow this process to ensure appropriate measures have been taken to allow the Laboratory or Shop to re-open and operate safely. In most cases, this will require the PI/Lab Personnel to provide evidence of corrective actions, review of the evidence by the RSC, and/or a re-inspection of the Lab.
2. For either Tier 1 or Tier 2 deficiencies that have resulted in a shutdown of certain or all activities in a Laboratory or Shop, the PI/Lab Personnel will be required to take the necessary measures to correct the deficiencies and provide evidence to the RSC.
3. The RSC will attempt to meet to review the evidence within one week after the PI/Lab Personnel submit evidence of corrections. In the event the RSC is not available to convene within one week, EH&S, the school dean, and the VCR must agree that the appropriate measures have been taken to allow the Laboratory or Shop to re-open and operate safely.

V. RESPONSIBILITIES

A. PRINCIPAL INVESTIGATOR

1. Oversees Laboratory or Shop.
2. Ensures that Personnel under their oversight are properly trained.
3. Maintains SOPs relevant to work performed in the Laboratory or Shop.
4. Corrects and/or notifies EH&S of safety deficiencies.
5. Works with EH&S, the RSC, or VCR, as applicable, to resolve safety deficiencies that require elevation within an academic unit/department or Shop.

B. ENVIRONMENTAL HEALTH AND SAFETY

1. Provides consultation, support and tools to supervisors in their management of Personnel safety and environmental compliance.
2. Conducts inspections, makes preliminary determinations as to the severity of the safety deficiency, and determines whether to elevate the case to the school dean, assistant dean, department chair, the RSC, or VCR.
3. May order immediate shutdowns for safety deficiencies posing an immediate danger to health and safety.

C. RESEARCH SAFETY COMMITTEE

Reviews inspection findings and supervisor responses, determines appropriate corrective actions as described in section IV. RSC actions may be taken by the RSC chair or a subcommittee of its members.

D. VICE CHANCELLOR FOR RESEARCH, INNOVATION AND ECONOMIC DEVELOPMENT

1. Ensures that school deans support effective Laboratory safety programs and hold individuals within their respective schools accountable for correcting unsafe behavior and/or unsafe conditions of noncompliance.

2. The VCR and/or their delegate, working with the deans, shall work to resolve the identified issues of Laboratory safety non-compliance and support effective means to recognize exemplary safety performance by specific faculty and their respective research groups.
3. May order the suspension of unsafe Laboratory or Shop operations. Acts as needed to enforce a shutdown order or lift a suspension.

E. SCHOOL REPRESENTATIVE(S)

The School Representative(s) will be either the school dean, assistant dean, or the department chair. They will ensure that all PIs and other supervisors establish and maintain effective Laboratory safety programs.

School deans will hold department chairs, PIs, and other supervisors accountable for their responsibilities in ensuring Laboratory and Shop environments, safe work practices of their research group members, completion of requisite safety training and other requirements, and timely correction of non-compliance and/or safety issues.

F. PERSONNEL

1. Responsible for adhering to the safety training, practices, direction, and instructions of the Laboratory or Shop as established by the PI/supervisor and university.
2. Responsible for reporting hazardous conditions and/or practices that pose an imminent threat to safety to their immediate supervisor. Personnel also may report to the PI, school deans, EH&S, and/or the VCR.

VI. REFERENCES AND RESOURCES

State Laws and Regulations

- [Cal/OSHA 8CCR §5191. Occupational Exposure to Hazardous Chemicals in Laboratories](#)

UC Policies

- [Contract & Grant Manual, Chapter 3-200: Health, Safety and the Environment](#)
- [Management of Health, Safety and the Environment](#)
- [Whistleblower Policy](#)

Guidelines/Resources

- [Lab Safety Information for Researchers & Labs \(EH&S Website\)](#)
- [UC Guiding Principles to Implement the University of California Policy on Management of Health, Safety and the Environment](#)
- [UC Merced Laboratory Safety Plan \(LSP\)](#)
- [UC Merced Injury and Illness Prevention Program \(IIPP\)](#)

VII. REVISION HISTORY

Date	Action/Summary of Changes
July 2, 2025	Policy issued with substantive changes: • Converted from procedure to policy • Aligned with similar policy from UC Berkeley • Simplified language throughout • Clarified responsibilities • Streamlined description of escalation process; EH&S and the Research Safety Committee will maintain a detailed escalation procedure outside of the policy
June 15, 2022	Issued revised interim procedure with substantive changes
February 7, 2018	Issued interim procedure (original).