



University of Arizona
Hazard Communication Program
(Control of Hazardous Chemicals – 29 CFR 1910.1200)
Environmental Health & Safety (EHS)
Program Administrator: Director, EHS

Effective Date: 7/30/2026
Document Version: 1.0
Annual Review Date: 7/31/2027

Contents

1.0	PURPOSE	3
2.0	SCOPE	4
3.0	DEFINITIONS	7
4.0	ROLES & RESPONSIBILITIES	11
5.0	CHEMICAL INVENTORY & HAZARD IDENTIFICATION	15
6.0	SAFETY DATA SHEETS (SDS)	16
7.0	LABELING REQUIREMENTS	16
8.0	CHEMICAL HAZARD EVALUATIONS	17
9.0	TRAINING	19
10.0	EMERGENCIES	21
11.0	HAZARDOUS WASTE DISPOSAL	24
12.0	INSPECTIONS AND COMPLIANCE VERIFICATION	31
13.0	RECORDKEEPING	31
14.0	REFERENCES	33
15.0	APPENDICES	34
15.1	Chemical Inventory Template (Unit Level)	34
15.2	Quick Guide: Safety Data Sheet (SDS) Access Verification	35
15.3	Quick Guide: Labeling Compliance Inspection Tool	36



1.0 PURPOSE

The purpose of this **Hazard Communication (HazCom)** Program is to establish a comprehensive, institution-wide framework and compliance policy for identifying, evaluating, communicating, and controlling chemical hazards across all University of Arizona operations.

This program, managed by **Environmental Health & Safety (EHS)** fulfills the written Hazard Communication Program requirement under 29 CFR 1910.1200(e)(1) and establishes the University's institutional standard for:

- Chemical hazard identification and classification.
- Safety Data Sheet (SDS) management and accessibility.
- Labeling of primary and secondary containers.
- Chemical inventory governance.
- Employee information and training.
- Contractor coordination.
- Spill response integration.
- Compliance verification and continuous improvement.

The objectives of this Hazard Communication Program are to ensure that:

1. All hazardous chemicals present in University workplaces are identified and inventoried.
2. All hazardous chemicals are properly classified according to manufacturer hazard determinations.
3. Safety Data Sheets are maintained and are readily accessible during each work shift without barriers, delay, or supervisory mediation, in compliance with 29 CFR 1910.1200(g)(8).
4. All primary and secondary containers are labeled in accordance with 29 CFR 1910.1200(f) and University institutional standards.
5. All employees who may be exposed to hazardous chemicals receive effective information and training prior to exposure, in compliance with 29 CFR 1910.1200(h).
6. Unit leaders and Supervisors maintain accountability for chemical safety within their areas of responsibility.
7. Contractors are informed of chemical hazards in shared workspaces in compliance with 29 CFR 1910.1200(e)(2).
8. Chemical quantity, storage, and segregation practices reduce exposure, fire, reactivity, and risk of potential losses.
9. Chemical incidents and near-misses are reported, investigated, and used to improve institutional controls.
10. Program performance is measured through defined leading and lagging indicators and reviewed annually by EHS leadership.

Beyond regulatory compliance, this program is designed to:



- Protect employees, faculty, staff, and student employees from chemical exposure hazards by reducing risk and minimizing hazards.
- Protect students in instructional settings where exposure potential exists.
- Reduce risk of injury, illness, fire, explosion, environmental release, and property damage.
- Support research integrity and operational continuity.
- Prevent regulatory citations and institutional liability.
- Establish measurable chemical safety performance indicators.
- Align chemical safety governance with ISO 45001 management system principles.

2.0 SCOPE

The University recognizes that hazardous chemicals are present across diverse operational settings including research laboratories, instructional laboratories, maintenance operations, art studios, facilities management, custodial services, grounds operations, and administrative support areas. Accordingly, this program establishes a uniform governance structure applicable across all University-controlled workplaces, excluding areas where the OSHA Laboratory Standard applies (29 CFR 1910.14500), which users must refer to the University Chemical Hygiene Plan (UCHP).

This program governs hazard communication requirements only.

2.1 Covered Populations

This program applies to all individuals who may be occupationally exposed to hazardous chemicals in University-controlled workplaces, including:

- Faculty
 - Postdoctoral associates
 - Graduate assistants
 - Instructional staff
- Staff, including but not limited:
 - Student employees
 - Temporary employees
 - Visiting researchers
 - Facilities and maintenance personnel
- Contractors and vendors operating within University-controlled areas

Students in instructional settings may be covered when chemical exposure may occur as part of laboratory (refer to the UCHP), studio, shop, or instructional activities. Instructional units may provide hazard awareness training relevant to the course materials as approved by EHS.



	UA Employee*	UA Non-Employee*	Admin/Other
Laboratory/Research	Laboratory Standard	Institutional Program	Hazard Communication
Non-Laboratory	Hazard Communication**		Hazard Communication**
Admin/Other	Other	Other	Other

*Per Section 3 Definitions

**Additional programs (EPA WPS, MSHA, etc.) may be overlaid with this hazard communication program.

Hazard Communication protections apply whenever occupational exposure is reasonably anticipated. It does not replace or supersede:

- The Chemical Hygiene Plan (29 CFR 1910.1450)
- The Hazardous Waste Program
- The Respiratory Protection Program
- The PPE Program
- Fire Code requirements

Where multiple standards apply, the more protective requirement shall govern.

2.2 Covered Locations

This program, with potential additional compliance programs, applies to all University of Arizona operations where hazardous chemicals are present, including but not limited to:

- Select research facilities (where 29 CFR 1910.1450 does not apply)
- Instructional laboratories
- Art studios and maker spaces
- Theater scene shops
- Maintenance shops
- Facilities mechanical spaces
- Custodial operations
- Grounds operations
- Chemical storage rooms
- Field research sites under University control

2.3 Chemical Uses Covered

This program applies to chemicals:

- Stored in the workplace.
- Used in processes or experiments.



- Produced during operations.
- Transferred to secondary containers.
- Used in maintenance, service, or related activities.
- Introduced by contractors/vendors operating at a University of Arizona owned, operated, or leased property.

The following are excluded from coverage under the Hazard Communication Standard, unless used in a manner outside intended consumer use:

- Articles: A manufactured item formed to a specific shape or design that does not release hazardous chemicals under normal use conditions.
- Consumer Products: When used in the workplace in the same manner and duration as normal consumer use.
- Drugs: Regulated by the FDA when in solid, final form intended for direct administration to patients.
- Food and Beverages: Intended for personal consumption.
- Cosmetics: For personal use.
- Hazardous Waste: Regulated under RCRA and EPA standards (managed under UA Hazardous Waste Program).
- Tobacco or Tobacco Products
- Wood and Wood Products, unless the wood is processed in a manner that generates dust exposure.
- Ionizing and Non-Ionizing Radiation: If a product normally exempt is used in a manner inconsistent with consumer exposure patterns, it becomes covered by this program.

2.4 Interface With Other EHS Programs

This program operates in coordination with:

- Laboratory Standard (29 CFR 1910.1450)
- Hazardous Waste Program
- Personal Protective Equipment Program
- Respiratory Protection Program
- Confined Space Program
- Lockout/Tagout Program
- Industrial Hygiene Exposure Monitoring Program
- Emergency Action Plan
- Contractor/Vendor Safety Program

Where there is overlap, the more protective requirement shall apply or EHS will make a determination.

2.5 Multi-Employer Worksite Applicability

Under 29 CFR 1910.1200(e)(2), when University employees share a workplace with another employer:

- The University must inform the other employer of hazardous chemicals present.
- Contractors must inform the University of hazardous chemicals they introduce.
- Coordination shall occur prior to work initiation.

This requirement applies to construction, renovation, maintenance, and research collaboration activities. Failure to meet these conditions constitutes non-compliance with university policy.

3.0 DEFINITIONS

Chemical Name: The scientific designation of a chemical in accordance with the nomenclature system developed by the International Union of Pure and Applied Chemistry (IUPAC) or the Chemical Abstracts Service (CAS) rules of nomenclature, or a name that will clearly identify the chemical for the purpose of conducting a hazard classification.

Hazardous Chemical: A hazardous chemical means any chemical which is classified as a physical hazard, health hazard, simple asphyxiant, combustible dust, pyrophoric gas, or hazard not otherwise classified (HNOC) in accordance with 29 CFR 1910.1200(c).

For purposes of this program, hazardous chemicals include chemicals present in any form (liquid, solid, gas, vapor, mist, dust, fume) that may expose employees under normal conditions of use or foreseeable emergencies.

Health Hazard: A health hazard means a chemical which is classified as posing one or more of the following hazardous effects:

- Acute toxicity (oral, dermal, inhalation)
- Skin corrosion or irritation
- Serious eye damage or eye irritation
- Respiratory or skin sensitization
- Germ cell mutagenicity
- Carcinogenicity
- Reproductive toxicity
- Specific target organ toxicity (single or repeated exposure)
- Aspiration hazard

Health hazard classifications are determined by the manufacturer and reflected in Section 2 of the Safety Data Sheet.

Physical Hazard: A physical hazard means a chemical that is classified as posing one or more of the following hazardous effects:

- Explosive
- Flammable (gas, liquid, solid)
- Aerosol
- Oxidizer
- Self-reactive
- Pyrophoric
- Self-heating
- Organic peroxide
- Corrosive to metals
- Gas under pressure
- Emits flammable gas when in contact with water

Physical hazards are identified through hazard classification performed by the manufacturer in accordance with 1910.1200(d).

Simple Asphyxiant: A chemical that displaces oxygen in the ambient atmosphere and can cause oxygen deprivation without other significant toxic effects.

Combustible Dust: A solid material composed of distinct particles or pieces, regardless of size, shape, or chemical composition, that presents a fire or deflagration hazard when suspended in air.

Hazard Not Otherwise Classified (HNOC): An adverse physical or health effect identified through scientific evaluation that does not meet specified criteria for classification under 1910.1200 but still requires hazard communication.

Safety Data Sheet (SDS): A standardized 16-section document prepared in accordance with 29 CFR 1910.1200(g) that provides detailed information regarding:

- Identification
- Hazard(s) identification
- Composition
- First-aid measures
- Fire-fighting measures
- Accidental release measures
- Handling and storage
- Exposure controls / personal protection
- Physical and chemical properties
- Stability and reactivity
- Toxicological information
- SDS must be readily accessible to employees during each work shift.

Label: A label means an appropriate group of written, printed, or graphic information elements concerning a hazardous chemical affixed to, printed on, or attached to the immediate container.

Workplace Label: A workplace label is a label applied to a container of hazardous chemicals within the workplace that includes:

- Product identifier
- Words, pictures, symbols, or combination thereof providing general hazard information

Workplace labels must be consistent with 29 CFR 1910.1200(f)(6).

Product Identifier: The name or number used for a hazardous chemical on a label or in the SDS, providing a unique means of identification.

Signal Word: A word used to indicate the relative level of severity of hazard and alert the reader to potential hazards.

There are two signal words under GHS:

- Danger (more severe hazards)
- Warning (less severe hazards)

Globally Harmonized System (GHS): Globally Harmonized System is a voluntary international system that was developed by the United Nations for standardizing and harmonizing the classification and labeling of chemicals globally. It has been adopted by the Occupational Safety & Health Administration (OSHA) and, subsequently, all state OSHA programs.

Hazard Statement: A statement assigned to a hazard class and category that describes the nature of the hazard(s), including degree of hazard.

Precautionary Statement: A phrase describing recommended measures to minimize or prevent adverse effects resulting from exposure or improper storage or handling.

Pictogram: A graphical symbol used to convey specific hazard information, consisting of a black symbol on a white background framed within a red diamond border.

Immediate Access: Immediate access means that employees can obtain hazard information, including SDS, without barriers, delay, password restriction, supervisor mediation, or physical obstruction during each work shift.

Exposure: Exposure means an individual is subjected to a hazardous chemical in the course of employment through any route of entry including inhalation, ingestion, skin contact, or injection.



Chemical Inventory: A documented listing of hazardous chemicals known to be present in a specific workplace, maintained in the official EHS system of record, or another approved system designated by EHS.

Authorized Chemical User: An employee who has completed required Hazard Communication training and any required task-specific training prior to working with hazardous chemicals.

Foreseeable Emergency: Any potential occurrence such as equipment failure, container rupture, fire, explosion, or uncontrolled release that could result in chemical exposure.

Work area: A room or defined space in a workplace where hazardous chemicals are produced or used, and where employees are present.

Unit: Any University college, school, department, program, or other operating unit.

Unit Leader(s): Any person of authority and responsibility, from supervisor to senior university leader, within a Unit.

Workers: Refers to all employees, non-employees, or administrators that are or may be exposed to hazardous chemicals.

Employees: All University employees, including faculty, staff, graduate assistants/associates, and student workers, whether their employment is full-time, part-time, permanent, or temporary.

Non-Employee: All University students, affiliates, associates, volunteers, and interns who are granted a status (enrollee, DCC, etc.) by the University, who are participating in a university-sanctioned program to benefit educationally and/or professionally.

Administrative/Other: Any UA affiliated person who does not fit within the Employee or Non-Employee category, such as a vendor providing services.

High-Hazard Chemicals:

- Carcinogens
- Reproductive toxins
- Highly flammable liquids (Category 1 or 2)
- Pyrophorics
- Water-reactive materials
- Acute toxicity (Category 1 or 2)
- Compressed toxic gases
- Peroxide formers

4.0 ROLES & RESPONSIBILITIES

At the University of Arizona, EHS serves as the delegated authority for regulatory interpretation and institutional compliance oversight. In the event of regulatory ambiguity or evolving guidance (including GHS updates), EHS determination governs institutional practice.

Supervisors retain operational responsibility for implementation within their respective areas, but regulatory interpretation authority resides with EHS. No department, supervisor, or operational unit may modify, weaken, or implement alternative hazard communication practices that conflict with this Master Program without written approval from EHS.

4.1 Environmental Health & Safety (EHS)

EHS is the institutional authority for interpretation and enforcement of 29 CFR 1910.1200 and related chemical safety standards.

EHS shall:

- Maintain and update the Master HazCom Program.
- Maintain regulatory alignment with OSHA, ADOSH, EPA, ADEQ, and related authorities.
- Maintain institutional oversight of chemical inventory and SDS systems.
- Provide and maintain mandatory HazCom training.
- Provide training templates for supervisor-level chemical-specific training.
- Conduct risk-based inspections and audits.
- Track KPIs.
- Lead annual Management Review.
- Oversee corrective action closure.
- Provide spill response guidance.
- Coordinate with Hazardous Waste Program.
- Maintain regulatory liaison during inspections.

EHS retains authority to:

- Interpret regulatory requirements.
- Issue institutional chemical safety directives.
- Approve or reject unit-level procedures.
- Require corrective actions.
- Require retraining.
- Suspend unsafe chemical operations.
- Escalate unresolved deficiencies.

4.2 Senior Director, Environmental Health & Safety



The Senior Director, EHS has final institutional authority over:

- Program approval
- Enforcement escalation
- Resource allocation recommendations
- Policy revision
- Management Review sign-off

4.3 Unit Leadership

Unit leaders (Deans, department heads, etc.):

- Ensure units under their authority comply with this program.
- Allocate resources necessary for compliance.
- Ensure completion of corrective or enforcement actions set by EHS.
- Review and implement corrective actions to address systemic deficiencies identified during audits.

HazCom compliance is an operational requirement and leadership responsibility.

4.4 Supervisors

Supervisors are directly responsible for HazCom compliance in their work areas. This responsibility may not be delegated without formal (documented in writing) oversight from EHS.

Supervisors shall:

- Ensure chemical inventory accuracy.
- Ensure individual's SDS access for all hazardous chemicals.
- Ensure labeling compliance for all containers.
- Assign HazCom training at hire and prior to work/exposure.
- Ensure completion of training prior to independent chemical exposure.
- Provide and document task-specific chemical training.
- Ensure proper chemical storage and segregation.
- Enforce quantity limits set by the Fire Marshal or designee.
- Maintain required documentation.
- Conduct periodic self-inspections.
- Correct deficiencies promptly.
- Escalate unresolved issues to Unit Leaders and EHS, as necessary.

4.5 Employees

Employees shall:

- Complete all required HazCom training.
- Review SDS prior to chemical use.
- Follow labeling requirements.



- Use required PPE.
- Follow storage and segregation rules.
- Report spills and exposures immediately.
- Report unlabeled containers.
- Report SDS accessibility issues.
- Not perform any chemical-related task for which they have not received training or for which they do not have the proper information (SDS, labels, etc.).

4.6 Non-Employees

Non-employees in educational programs (enrolled program and/or institutionally sponsored or sanctioned club or other organization) shall:

- Review SDS prior to chemical use.
- Receive hazard awareness instruction.
- Follow storage and segregation rules.
- Report spills and exposures immediately.
- Report unlabeled containers.
- Report SDS accessibility issues.
- Follow instructor safety directives.
- Not independently manage hazardous chemicals.
- Not alter labeling or storage without permission and direction from instructor(s).

Students who are also employees or acting in the capacity of an employee (outside of an enrolled program) fall under employee requirements.

4.7 Contractors and Vendors

Contractors/vendors working in University-controlled areas shall:

- Provide SDS for chemicals brought on site.
- Comply with University labeling standards.
- Coordinate with department supervisors.
- Comply with contractor safety procedures.
- Not introduce unlabeled chemicals.
- Not bypass chemical safety controls.
- Complete a vendor/contractor coordination checklist.
- Coordinate with EHS for “high-hazard” chemicals (as defined in “Definitions” section).

Multi-employer coordination is required under 1910.1200(e)(2). EHS retains oversight authority in multi-employer settings.

Units managing vendors/contractor shall:

- Inform contractors of hazardous chemicals in their work areas.



- Provide SDS, upon request.
- Inform contractors of labeling systems.
- Inform contractors of emergency procedures.
- Maintain a copy of the vendor/contractor coordination checklist for each job performed.

4.8 Stop-Work and Hazard Abatement Authority

EHS retains the authority to require immediate corrective action where chemical hazards present:

- Imminent danger to employees or the public.
- Significant exposure risk, as determined by EHS or the unit.
- Regulatory and institutional policy non-compliance.
- Fire or reactivity hazards.
- Uncontrolled spill conditions, per Section 10.
- SDS inaccessibility.
- Systemic labeling deficiencies.

EHS may require:

- Immediate correction of labeling deficiencies.
- Removal of unlabeled or improperly stored chemicals.
- Temporary suspension of chemical operations.
- Removal of specific chemicals from service.
- Mandatory retraining.
- Supervisor corrective action plans.
- Escalation to Dean or Director level.

Stop-work authority is exercised procedurally and proportionally and is intended to prevent injury, exposure, regulatory citation, or institutional liability.

4.8.1 Escalation and Accountability Structure

Hazard communication accountability follows this escalation structure:
Supervisor → Unit Leadership → Environmental Health & Safety (EHS)

If deficiencies are identified:

- Supervisor is notified and corrective action(s) required.
- If unresolved, corrective action(s) and deadlines are communicated to Unit Leadership.
- If systemic, high-risk, repeated, or unresolved after escalation to Unit Leadership, EHS may intervene directly with authority from their senior leadership.

This structured escalation ensures procedural accountability while maintaining institutional oversight.

5.0 CHEMICAL INVENTORY & HAZARD IDENTIFICATION

5.1 Chemical Inventory Management & Quantity Limits

The University of Arizona requires:

- All hazardous chemicals to be inventoried.
- All chemical inventories to be maintained by the unit and provided to EHS.
- Supervisors to ensure completeness and accuracy for their work areas.
- High-hazard chemicals (as defined in “Definitions” section above) must be evaluated for storage limits in coordination with EHS and any limit set by EHS, per applicable code, must be followed.
- EHS to maintain institutional oversight.

Each unit shall:

- Maintain an up-to-date chemical inventory.
- Ensure SDS library is available to all employees.
- Remove obsolete, expired, or chemicals whose containers are in poor condition.
- Minimize bulk purchases as much as possible, purchasing as much as needed operationally.
- Store chemicals in approved, hazard-appropriate storage units or containers.
- Comply with fire code maximum allowable quantities as set by the Fire Marshal or designee.

5.2 Manufacturer Hazard Classification Reliance

The University shall rely on hazard classifications provided in Section 2 of the Safety Data Sheet (SDS) for:

- Physical hazards
- Health hazards
- Hazard categories
- Signal words
- Pictograms
- Precautionary statements

If discrepancies or uncertainty exist on changing (down or upgrading) the manufacturer hazard classification, EHS shall be consulted and a formal designation from EHS will be provided.

5.3 Storage And Segregation

Chemicals shall be stored according to compatibility groups.

Segregation must include, but may not be limited to:

- Flammables
- Oxidizers
- Acids and bases
- Water reactives
- Toxic materials
- Compressed gases

Storage must, but may not be limited to:

- Prevent container damage
- Prevent tipping
- Not be an overhead location, only when an injurious corrosive
- Not block egress

6.0 SAFETY DATA SHEETS (SDS)

The University of Arizona requires:

- Employees must be able to access SDS during their shift without delay.
- EHS shall specify preferred institutional SDS repository and host SDS libraries.
- Electronic access must not create barriers.
- If electronic access is unavailable (e.g., power outage), departments must maintain an alternative access method.
- SDS access shall never depend on supervisor permission or restricted systems.

Units shall:

1. Ensure all hazardous chemicals in their area are entered into the inventory.
2. Verify that the corresponding SDS is available for each hazardous chemical.
3. Ensure employees know how to access SDS electronically.
4. Post instructions in visible areas describing how to access SDS.
5. If EHS system of record is not yet implemented within the unit, they must maintain SDS access via:
 - Shared network location
 - Local electronic database
 - Physical binder (temporary compliance measure only)

7.0 LABELING REQUIREMENTS

The University requires all labels to be legible, resistant to environmental and use conditions, and to meet all GHS requirements:

7.1 Primary Container Requirements

Original manufacturer labels must include:

- Product identifier
- Signal word
- Hazard statement(s)



- Pictogram(s)
- Precautionary statements
- Supplier information

Defaced or damaged labels must be replaced immediately.

7.2 Secondary Container Requirements

All secondary containers must include:

- Product identifier
- Signal word
- Hazard statement(s)
- Pictogram(s)
- Concentration (as applicable)
- Recommend including date and initials

Defaced or damaged labels must be replaced immediately.

7.3 Piping Labeling Requirements (ASME A13.1)

Pipe markings shall:

- Identify contents by name.
- Use standardized color coding:
 - Yellow – Flammable fluids
 - Orange – Toxic or corrosive fluids
 - Brown – Combustible fluids
 - Green – Water
 - Blue – Compressed air
- Include flow direction arrows.
- Be visible at access points and changes in direction.
- Be placed at regular intervals.

New installations must follow ASME A13.1 guidance. Existing systems shall be updated during renovation, major maintenance, or risk-based review. Supervisors must ensure employees understand hazards in accessible piping systems. EHS may require pipe identification upgrades where significant risk exists.

8.0 CHEMICAL HAZARD EVALUATIONS

Beyond manufacturer classification, units must evaluate operational risk. Hazard identification at the University consists of four required evaluation layers:

8.1 Chemical Identity Evaluation

Before introduction into the workplace, during the inventory process:



- Confirm SDS availability (ensure correct manufacturer is available in EHS system or request from EHS).
- Confirm hazard class and category.
- Confirm storage compatibility.

8.2 Chemical Safety Evaluation

Supervisors must evaluate, or evaluate in collaboration with EHS:

- **Potential exposure routes:** Inhalation, dermal contact, eye contact, ingestion, and/or injection (pressurized systems).
- **Exposure potential:** volatility, potential for dust generation or aerosolization, spray application, heating or reaction processes, pressurization, mechanical agitation, or other means of exposure.

Evaluation must determine whether engineering controls, administrative controls, or PPE are required.

8.2.1 Process- Produced Hazards

HazCom applies not only to purchased chemicals but also to chemicals produced during operations.

Supervisors must evaluate all potential produced hazards, including but not limited to:

- Welding fumes
- Combustion byproducts
- Reaction intermediates
- Decomposition products
- Dust from cutting, sanding, grinding
- Aerosolized cleaning agents
- Off-gassing during curing or heating

If chemical hazards are generated during a process, they fall under this program even if not separately purchased. EHS may require Industrial Hygiene evaluation for airborne contaminants.

8.2.2 Secondary and Compatibility Hazards

Supervisors must evaluate:

- Chemical incompatibility
- Reactive hazards
- Fire and explosion risk
- Corrosivity interactions
- Oxidizer interactions
- Compressed gas storage hazards
- Water-reactive materials



Chemicals shall be segregated by hazard class, not alphabetical order. Storage compatibility should be based on SDS Section 7 and applicable NFPA and fire code guidance.

8.2.3 High-Hazard Chemical Evaluation

High-hazard chemicals may require, as determined by EHS:

- Quantity review for fire code compliance.
- Ventilation assessment.
- Additional Engineering controls.
- Industrial Hygiene exposure monitoring.
- Written task-specific procedure.

EHS retains authority to require additional controls.

8.3 Documentation Requirements

Hazard evaluation must be documented through:

- Chemical inventory documentation and provision to EHS, including SDS provisioning.
- Task-specific training documentation (Appendices).
- Hazard Assessment & PPE Cross-Reference Log (Appendices).
- Job Hazard Analysis (JHA)/Job Safety Analysis (JSA)/Health and Safety Plan (HASP) where applicable and required or recommended by EHS.

Supervisors are responsible for ensuring documentation exists before chemical use begins.

8.4 Integration with Job Hazard Analysis (JHA)

Where chemical exposure is part of a defined task, hazard evaluation shall be integrated into one or more of the following, as required or recommended by EHS:

- Job Hazard Analysis (JHA)
- Job Safety Analysis (JSA)
- Laboratory SOP
- Health and Safety Plan (HASP)
- Certified Hazard Assessment (PPE program)

HazCom does not replace task-specific hazard analysis but requires hazard information to feed into those analyses. EHS will provide templates for any job hazard or safety analyses.

9.0 TRAINING



Pursuant to 29 CFR 1910.1200(h), employers shall provide employees with effective information and training on hazardous chemicals in their work area at the time of initial assignment and whenever a new chemical hazard is introduced.

Training must enable employees to:

- Detect the presence or release of hazardous chemicals.
- Understand the physical and health hazards of chemicals in their work area.
- Understand protective measures, including engineering controls, administrative controls, and PPE.
- Understand labeling systems.
- Access and interpret Safety Data Sheets.

The University requires:

- Mandatory baseline HazCom training, either provided by EHS or content-approved by EHS.
- Supervisor-provided task/area-specific chemical training.
- Supplemental training as required by EHS or incident findings.
- Documented training ~~records~~ [records](#).

No employee shall work with or be exposed to hazardous chemicals without completing required training.

9.1 Baseline Training (Institutional Requirement)

EHS owns and administers the University-wide Hazard Communication training module delivered via the university's learning management system (LMS).

- Assigned at hire or job transfer where chemical exposure is possible.
- Must be completed prior to independent chemical work.
- Must be refreshed when required by regulation or triggered events.
- EHS maintains content and updates.
- Supervisors ensure assignment and completion.
- Employees complete initially and within required timeframe set by supervisor/work conditions.

9.2 Supervisor-Provided Task-Specific Training

Supervisors shall provide chemical hazard-specific training to all affected employees covering:

- Top 5–10 hazardous chemicals used in their department.
- Specific physical and health hazards.
- Control measures.
- PPE requirements.
- Emergency procedures.



- Spill response.
- Chemical storage compatibility.
- Labeling systems and requirements.
- Training must include reference to:
 - Relevant SDS.
 - Certified Hazard Assessment (if applicable).
 - JHA/JSA/HASP (if applicable).

Supervisors must maintain records of this training that can be made available for inspection upon EHS or other compliance unit request

Supervisors must ensure employees demonstrate:

- Understanding of labeling
- Ability to access SDS
- Knowledge of hazard classes
- Knowledge of PPE and control measures

EHS will provide:

- Training template (Appendices)

9.3 Refresher Training

Refresher training is required when:

- A new hazardous chemical is introduced
- A new hazard class is identified
- An incident or near miss (narrowly avoided injury, illness, or other loss) occurs
- An audit identifies knowledge gaps
- Procedures change
- Regulatory updates occur
- EHS makes this a requirement due to inspection, incident, or other triggering event

10.0 EMERGENCIES

10.1 Emergency Reporting

10.1.1 Immediate Life-Threatening Emergencies

If there is:

- Fire
- Explosion
- Uncontrolled release of a high hazard chemical



- Reportable Injury
 - Loss of consciousness
 - Loss of eye
 - Hospitalization or one or more employees
 - Amputation
 - Fatality

Call **911** immediately

10.1.2 Non-Life-Threatening Chemical Incidents

Report immediately to Environmental Health & Safety (520) 626-6850
After-hours contact UAPD 520-621-8273 (UAPD will contact EHS)

Supervisors must ensure:

- Area secured
- Exposure controlled
- Incident documented

10.2 Chemical Spill Response

10.2.1 Spill/Leak Response

In the case of emergency, dial 911

M-F, 8AM – 4PM contact EHS: (520) 626-6850

After-hours, evenings, weekends, and holidays contact UAPD: (520)-626-8273 or 911

MERCURY SPILLS: All mercury spills **must** be immediately reported to EHS for cleanup. If a spill occurs during the evening, on weekends, or on holidays, contact UAPD. Workers should evacuate to safe areas to avoid breathing any vapors, mist, or gas. Do not attempt to amalgamate mercury with zinc or sulfur, as this is not the safest approach to cleaning up a mercury spill. EHS has a vacuum specifically designed to recover mercury and capture vapors, and the vacuum is cleanroom certified to ensure no contamination occurs to research projects and equipment.

COMPRESSED GAS LEAKS: Immediately evacuate the area. All compressed gas leaks **must** be immediately reported to EHS. If a gas leak occurs during the evening, on weekends, or on holidays, contact UAPD. Do not attempt to patch, repair, or stop a gas leak. Special equipment is necessary to determine the health and physical hazards in the event of a gas leak. After making an assessment, EHS will coordinate an external HazMat company to address the leak, if it is determined that a



hazardous environment exists from the leaking gas that cannot be managed by EHS staff.

NATURAL GAS LEAKS: Immediately evacuate the building and call 911. If possible, turn off heat generating equipment and extinguish open flames while evacuating the building. If a natural gas leak is suspected, do not pull the fire alarm as the spark could ignite a fire.

SOLID OR LIQUID SPILLS: If workers do not feel safe or adequately prepared to address a spill, regardless of its size, contact EHS immediately. Referencing safety data sheets (SDS) will always be the best source of information for absorbing, neutralizing, and addressing a chemical spill.

In the event of a large spill (greater than 10 ml or 0.25 lbs of a high hazards chemical or greater than 1 liter or 2.5 lbs of any other chemical) EHS **must** be contacted immediately for cleanup. If a spill occurs during the evening, on weekends, or on holidays, contact UAPD. EHS will respond to conduct the cleanup, or if the spill is too large/hazardous, EHS will coordinate an external HazMat company to perform the cleanup.

Small spills (less than 10 ml or 0.25 lbs or a particularly hazardous chemical or less than 1 liter or 2.5 lbs of any other chemical) may be cleaned up by properly trained workers using appropriate neutralizers and absorbents. Workers **must** consult the safety data sheets (SDS) to determine the necessary and appropriate personal protective equipment (PPE) before attempting to clean up the spill. If the chemical requires respiratory protection, EHS **must** be contacted to perform the cleanup.

In general, the following spill response will be appropriate for most spill situations:

1. Stop all work operations in the area and evacuate other workers from the area.
2. Communicate to at least one other person that there is a spill. Communicate what has been spilled, and what your intended response is. Reference the SDS for information.
3. Isolate the spill from spreading further. In the case of a liquid spill, this can often be accomplished by forming a raised retaining ring/border around the puddle with a compatible absorbent or neutralizer. Common broad-spectrum absorbents include vermiculite, bentonite clay (kitty litter), and Chemizorb®.
Alternatively, spill pads (commonly pink in color) are available from various vendors online.
4. Once the spill is contained, it may be appropriate to begin absorbing and/or neutralizing the spilled chemical, if the unit has



sufficient absorbing/neutralizing material, is properly trained, and has the appropriate PPE.

5. Place all dry waste from a chemical spill into a clear plastic bag and secure with a knot or tie. Place this bag into a second bag, knot/tie the second bag, and label it as spill waste material with an EHS Waste Tag.

6. Never dispose of any waste down the drain.

BULGING/DAMAGED RECHARGEABLE BATTERIES & BATTERY

PACKS: The bulging associated with rechargeable batteries is due to the beginning of a process known as thermal runaway. **Immediately** place the batteries into a thermal runaway bag if available. Alternatively, a supersaturated solution of salt water can be prepared and the batteries placed into this solution to rapidly discharge them. This does not automatically make them safe to handle, but it does lower the risk of explosion and fire. In all cases, contact EHS to have your bulging/damaged rechargeable batteries picked up for disposal. In the event of a fire, immediately activate the fire alarm as you evacuate the building and call 911. Do not attempt to extinguish the fire with a normal ABC (red) fire extinguisher, as the chemical reactions will result in the fire being fueled as opposed to being extinguished.

ELEMENTAL METAL & RECHARGEABLE BATTERY FIRES: If the fire is small, it may be possible to contain it with either a Class D (yellow) fire extinguisher, Met-L-X graphite powder, masonry sand, or granulated sodium chloride (table salt). These options work to smother a fire and prevent oxygen from reacting with the reactive metal. It can be very hazardous to apply these extinguishing agents to an active metal fire so only attempt if the fire is small and easily accessible. Whether an attempt is made to extinguish the metal fire or not, the building must still be evacuated. **Immediately** activate the fire alarm as you evacuate the building and call 911. Do not attempt to extinguish the fire with a normal ABC (red) fire extinguisher, as the chemical reactions will result in the fire being fueled as opposed to being extinguished.

10.2.2 Spill Kits

Units receiving, storing, and/or using hazardous chemicals must maintain appropriate spill response materials consistent with hazards present. EHS can assist in determining appropriate spill kit response materials but all materials must be supplied by the unit.

11.0 HAZARDOUS WASTE DISPOSAL

Proper management of chemical waste, as it is generated, is the responsibility of the lab. Once the waste is removed from the lab, EHS is responsible for the management



and disposal of the waste. This is an important responsibility for EHS because of the complexity of regulations, and the potential for significant monetary penalties for non-compliance. Through a cooperative team effort between units and EHS, U of A can achieve and maintain the highest level of environmental compliance.

In addition to waste management, EHS also manages the U of A Pollution Prevention (P2) Program, as mandated by the Arizona Department of Environmental Quality (ADEQ). The purpose of the P2 Program is to reduce the presence of toxic substances, the generation of hazardous waste, and the release of pollutants into the environment. Some of the ways that units can meet the objectives of the P2 Program, include:

- Limit the inventory of chemicals to just those essential and in the minimum quantity necessary to perform work;
- Substitute chemicals or processes for less toxic alternatives;
- Increase the collaboration between units to facilitate the sharing of chemicals, thereby minimizing the inventory on campus overall;
- Reduce the scale at which processes are conducted to minimize the amount of waste generated.

11.1 Disposal Methods

11.1.1 Glass, plastic, and metal primary containers

- Containers shall be emptied completely of their contents before disposal.
- Any liquid used to rinse the containers must be collected as hazardous chemical waste.
- If the containers possessed flammable solvents, allow the residue to evaporate overnight in a ventilated area until dry. If the container possessed a corrosive, then the residue shall be neutralized, triple rinsed, and allowed to dry in a ventilated area. All other chemical containers shall be rinsed with a compatible solvent and allowed to dry in a ventilated area. All rinsate shall be collected and submitted to EHS as hazardous waste.
- Once the empty container is dry, the label must be removed or defaced. Glass containers should be placed in a glass-specific waste container. Plastic and metal containers can go in the regular trash.

11.1.2 Broken glass

- Broken glass shall be disposed of in a glass-specific waste container for custodial services to remove and dispose properly.
- A glass-specific waste container can be purchased through any of the numerous U of A-approved vendors, or units can create their own by lining a cardboard box with a thick plastic bag.



11.1.3 Batteries

- Including lead-acid batteries, lithium batteries (LiPo), and nickel-cadmium (NiCd) can be disposed of through EHS by submitting a waste pickup request.
- Alkaline batteries (such as non-rechargeable Duracell/Energizer AA, AAA, C, D, 9V, etc.) can be disposed of in the regular trash.

11.1.4 Fluorescent & High Intensity Discharge (HID) Lamps

- Bulbs with mercury, including fluorescent, shall not be disposed of in regular trash.
- To dispose of these bulbs/lamps, contact Facilities Management at 520-621-3000 to arrange a pickup.
- If you have mercury containing short arc bulbs, contact EHS to facilitate the disposal of these bulbs specifically.

11.1.5 Sharps

- Sharps shall be disposed of in an approved sharps container. Sharps containers shall be puncture-resistant, leakproof on the sides and bottom, closeable, and kept upright. The following shall be disposed of in sharps containers, which can be picked up by RMS:
 - Needles
 - Razors
 - Metal shards

11.1.6 Sharp-like objects

- These may be disposed of in a cardboard box with a plastic bag lining. The purpose of the plastic bag is to prevent any liquid residue from leaking, and the cardboard box is intended to prevent the sharp-like objects from puncturing through. When being disposed of by your building custodial staff, both the box and bag must be disposed of as a single article.
 - Plastic pipette tips
 - Fiber optic cables
 - Serological pipettes
- While not required, it is recommended that when disposing of pipette tips less than 1 ml, they be placed in a plastic container such as empty media bottles or repurposed empty drink bottles, as these will further prevent the accidental injury of custodial staff when disposing of the sharp-like object waste containers.



11.1.7 Gas cylinders, whether empty or partially filled, shall be returned to U of A

11.1.8 Dry ice

- Dry ice shall not be disposed of in a sink. The safest way to dispose of dry ice is to allow for it to sublime (melt and evaporate) in a tub inside of a fume hood or other ventilated device. This ensures that no one in the area is exposed to the increased carbon dioxide levels that can occur as the dry ice sublimates.

11.1.9 Chemical waste

- Chemical waste (solid or liquid) shall be segregated and labeled according to EHS guidance, available on the EHS website.
- EHS provides 3.5-gallon plastic buckets, labeled with the required HazMat labels, at no cost to units upon request.
 - The inlet hole on the buckets must be aligned so that it is 90° from the handle, and the lid should be completely affixed on the bucket with a mallet.
 - These waste buckets are emptied, cleaned, and returned to the labs by EHS.
 - In order to have the same bucket returned after being picked-up, you must write your building name, room number, and name on the bucket.
 - It is recommended that units keep a two-month supply of waste buckets to ensure the unit has waste containers while EHS empties the full containers removed from the area.
- Containers smaller than the 3.5-gallon buckets are acceptable if a unit generates minimal amounts of waste. Acceptable small containers are made of thick wall plastic (not a soda bottle or milk jug). These containers are considered single use only and will not be returned.
- Proper waste identification is as critical as using the proper containers. Federal and state regulations require the contents of the container to be identified as soon as the first drop of waste is added to the bucket.
 - The U of A Hazardous Waste Identification Tag is designed to list waste constituents. It is therefore expected that labs begin filling out the waste tag as soon as they begin filling the buckets.
 - Required information on the tag includes:
 - Name of the person most familiar with the waste
 - Phone number
 - Building name and room number
 - Full chemical name of waste(s)



- Percentage of the total volume
 - Hazard category selected, as applicable
- Liquid waste should be segregated into the following compatibility groups:
 - Non-halogenated organics (this includes organic acids)
 - Halogenated organics
 - Inorganic acids and heavy metal solutions
 - Inorganic bases
 - Cyanides
 - Photo fixer
- As waste is added to the container, the complete chemical name must be written on the tag.
- Solids and liquids must be segregated, since solids in the liquid waste containers hinder the consolidation process and may damage the waste disposal facility's pump system.
- Waste containers must be kept closed at all times, except when actively adding waste.
 - This can be achieved by either manually capping the waste containers, or by using spring-loaded ECO Funnels.
- Additionally, all waste containers shall be placed in some sort of secondary containment, both as a best practice, and to help achieve our P2 Program goals.
 - For buckets, and other smaller containers holding less than 25 lbs. worth of liquid waste, trays and tubs are acceptable forms of secondary containment. For larger waste barrels that are 30-50 gallons in volume, labs are expected to use spill containment decks/platforms. As the generator of the waste, the unit is expected to purchase their own secondary containment.
- Waste pickup requests should be submitted when chemical waste containers are $\frac{3}{4}$ full; once they are full, waste buckets should no longer be used for waste accumulation. Requests can be made in four ways.
 - Phone: 520-626-6850
 - Email: **EHS-help@arizona.edu**
 - On-line (preferred):
<https://ehs.arizona.edu/environmental>
- A request by the units must be made to initiate a waste pick-up; waste will not be removed unless the request has been submitted.



- The Tucson campus is on a quadrant schedule and requests must be received by the Wednesday before the scheduled pick-up day.
 - Make sure the containers are properly tagged and closed and fully prepared for pick-up the day before the scheduled pick-up day. These must be left in a clearly marked area that can be found readily by the pick-up team. Improperly or untagged waste, or waste that has been collected and presented in a manner that is hazardous to the disposal team, will not be removed and another request must be submitted.
- When units are closing out, or wish to perform a cleanout, the following steps are required to be followed to have your waste picked up:
 - Put all solid chemicals with original labels that contain the original chemicals into boxes. Make sure the boxes are no larger than 12"x12"x12";
 - Liquid chemicals in their original containers should be consolidated into one area within the unit and not boxed;
 - Chemical mixtures need to be tagged with a chemical waste tag, and the contents of the mixture should be stated on each tag. Unknown chemicals will be tagged with a chemical waste tag and "unknown" should be stated under contents;
 - Any unknown chemicals will need to be identified by EHS using a hazardous and laborious process to determine the chemicals characteristics. This is a time-consuming process. If your unit has chemicals that are reactive, (e.g. air reactive, water reactive), or general unstable chemicals, please let contact EHS;
 - **All chemicals in original containers with original chemicals do not need to be tagged with an EHS waste tag.**
- Chemical cleanouts are scheduled events. A pickup for a cleanout can take anywhere from two days to multiple months depending on the volume at the hazardous waste facility and the size of the cleanout.

11.1.10 P-Listed Waste

- These are chemicals that are acutely hazardous and can never be disposed of down the sink/drain. Common examples are acrolein, 2,4-dinitrophenol, and sodium azide.
- All P-Listed contaminated materials, including empty bottles and PPE must be disposed of as hazardous waste to EHS. For more information on handling this P-Listed waste, contact EHS.



- Some other chemicals that follow the P-Listed Waste disposal requirements, but are not P-Listed include ethidium bromide.

11.1.11 Sink Drain Disposal

- Drain disposal of chemicals is almost never an acceptable means of chemical waste disposal. In addition to the wastewater treatment facility possibly being unable to adequately clean the water, chemicals poured down the drain can also cause damage to plumbing, dangerous reactions, explosions in the sewer system, and result in non-compliance for U of A.
- Only the following chemicals may be disposed of down the drain provided the volume discharged is flushed with at least ten times the volume of clean water as what is disposed of:
 - Chlorine bleach solutions (10% or less by volume);
 - Ethanol, in amounts of 500 ml or less per week (with 10 times the volume of water to flush);
 - Inorganic buffer solutions, not containing any heavy metals or other prohibited contaminants;
 - Inorganic acid or base solutions, neutralized to a pH between 5.0 and 11.0, not containing heavy metals or other prohibited contaminants;
 - Black and white photo developer with a pH between 5.0 and 11.0 that is not contaminated with even the smallest amount of photographic fixer.

11.1.12 Unlicensed Radioactive Materials

- These are radioactive materials that units are permitted to purchase and use without being registered in the U of A Radiation Safety Program. Examples of these types of materials include:
 - Uranyl acetate
 - Uranyl nitrate
 - Uranium ICP standards
 - Thorium acetate
 - Thorium nitrate
 - Thorium ICP standards
- If the unit is using these materials, then any original material must be segregated separately from any other chemical waste streams and submitted for waste pick up by EHS-help@arizona.edu.

11.1.13 DEA Controlled Substances

- These chemicals have a separate regulatory component to their destruction and disposal.



- EHS facilitates the destruction of the DEA Controlled Substances for used for university research or veterinary purposes. To receive assistance in the destruction of DEA Controlled Substances, contact EHS at EHS-help@arizona.edu.

11.1.14 Waste Charcoal Canisters

- These canisters pose a risk in the disposal process of catching fire due to the spontaneous combustible nature of the charcoal contained within them.
- As a result, these canisters must be disposed of like chemical waste, and not placed in red bags with biological waste. The canisters themselves can be placed in a cardboard box and submitted to EHS for a waste pickup.

12.0 INSPECTIONS AND COMPLIANCE VERIFICATION

12.1 Unit-Level Inspections

Supervisors should annually, or more often as dictated by EHS:

- Conduct periodic self-inspections
- Verify labeling
- Verify SDS access
- Verify inventory accuracy
- Verify training documentation

12.2 EHS Inspections

EHS shall conduct:

- Program audits
- Spot inspections
- Incident-driven inspections
- Risk-based inspections

12.3 Corrective Action(s)

Deficiencies must be:

- Documented
- Assigned to responsible party
- Closed and completeness verified by EHS within defined timeframe
- Closed within the EHS-defined timeline (e.g., IDLH require immediate correction).

13.0 RECORDKEEPING



Accurate documentation is required to demonstrate compliance with 29 CFR 1910.1200 and other applicable regulatory requirements.

13.1 Required Records

The following records shall be maintained:

- Written Hazard Communication Master Program (current version)
- Department-level supplemental procedures (if applicable)
- Chemical inventories
- Safety Data Sheets (SDS)
- Training records:
 1. University Learning Management System (LMS) baseline completion
 2. Supervisor task-specific training logs
- Incident and near-miss reports
- Inspection reports and corrective actions
- Spill response documentation (where applicable)
- Contractor coordination documentation
- Annual management review documentation

13.2 Retention Requirements

Records shall be retained in accordance with:

- OSHA record retention guidance
- University document retention policy
- Legal and risk management guidance

13.3 System of Record

EHS maintains the institutional system of record for:

- Chemical inventory
- SDS access (preferred repository)
- Training logs (where implemented)

EHS retains oversight authority to determine adequacy of interim systems.

13.4 Document Control

This Master Program shall:

- Be reviewed annually by EHS and the CHO
- Include version control and revision history
- Be distributed electronically
- Be accessible to all employees



Unauthorized modification of this Master Program is prohibited.

14.0 REFERENCES

This program is based upon, incorporates, and/or references:

- OSHA 29 CFR 1910.1200 – Hazard Communication
- OSHA 29 CFR 1910.1450 – Occupational Exposure to Hazardous Chemicals in Laboratories
- OSHA 29 CFR 1910.132–138 – Personal Protective Equipment
- OSHA 29 CFR 1910.1000 – Air Contaminants
- ASME A13.1 – Identification of Piping Systems
- ISO 45001 – Occupational Health and Safety Management Systems
- National Fire Protection Association (NFPA) standards as applicable
- University of Arizona Environmental Health & Safety policies
- Applicable Arizona state regulatory requirements

15.0 APPENDICES

15.1 Chemical Inventory Template (Unit Level)

	CAS Number (if available)	Chemical Name	Quantity	Unit	Building	Room Number	Storage Location
<i>Example</i>	64-17-5	<i>Ethanol</i>	<i>1</i>	<i>L</i>	<i>Old Main</i>	<i>1</i>	<i>Flammable Cabinet</i>
<i>Example</i>		<i>DNA Away Kit</i>	<i>5</i>	<i>each</i>	<i>Old Main</i>	<i>2</i>	<i>Bench Shelf</i>
<i>Example</i>	7727-37-9	<i>Nitrogen, gas</i>	<i>240</i>	<i>scf</i>	<i>Old Main</i>	<i>2</i>	<i>Gas Rack</i>
<i>Example</i>	7727-37-9	<i>Nitrogen, liquid</i>	<i>12</i>	<i>L</i>	<i>Old Main</i>	<i>2</i>	<i>Dewar against wall</i>
<i>Example</i>	77-92-9	<i>Citric Acid</i>	<i>25</i>	<i>g</i>	<i>Old Main</i>	<i>1</i>	<i>Acid Cabinet</i>

Once completed, send to ehs-help@arizona.edu



15.2 Quick Guide: Safety Data Sheet (SDS) Access Verification

Purpose

To verify compliance with 1910.1200(g)(8): SDS must be readily accessible during each work shift without barriers.

Verification Checklist

- SDS present in online inventory for all chemicals? (Yes/No)
- SDS accessible without supervisor permission? (Yes/No)
- SDS accessible during all work shifts? (Yes/No)
- Backup access plan documented? (Yes/No)
- Employees aware of how to access SDS? (Yes/No)
- Random SDS access test performed? (Yes/No)
- Documentation
- Date of Verification:
- Verifier Name:
- Deficiencies Identified:
- Corrective Action Assigned:
- Completion Date:



15.3 Quick Guide: Labeling Compliance Inspection Tool

Purpose

Recommended checklist for units to verify compliance with 1910.1200(f) labeling requirements.

Primary Container Checklist (Manufacturer Provided) – Only Required if Defaced/Damaged, or Chemical is from 2011 or earlier

- Product identifier matches SDS?
- Signal word present?
- Hazard statements present?
- Pictograms present?
- Manufacturer information present?
- Label legible and intact?
- Secondary Container Checklist
- Product identifier present?
- Hazard information present?
- Consistent with 1910.1200(f)(6)?

Campus Secondary Label Standard (UA Requirement)

Secondary labels must include:

- Product name
- At least one hazard descriptor
- Pictogram (recommended internal standard)