

# 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.amedd.army.mil/assets/docs/SSE/Facility\\_Safety\\_Plan\\_Approved\\_Institutions.pdf](https://mrmc.amedd.army.mil/assets/docs/SSE/Facility_Safety_Plan_Approved_Institutions.pdf)

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.

September 2013

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 if this award is associated with funding received from DTRA in support of the DoD Medical Biological Defense Program.

Name of the Institution: \_\_\_\_\_

Name of Safety Director/Manager: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Director/Manager  
E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Initial Facility Safety Plan approval by USAMRMC Safety Office: \_\_\_\_\_ Date \_\_\_\_\_

Submit the annual **Facility Safety Plan Status Report** including significant changes in facility, safety equipment, and safety procedures by fax to 301-619-6627, by e-mail to [USAMRMC MPMC SS](mailto:USAMRMC_MPMC_SS), by mail to the following address: DEPARTMENT OF THE ARMY, ATTN: MCMR-SS, HQ USAMRMC, 810 Schreider Street, Fort Detrick, MD 21702-5012.