SECTION 1.

Objectives

The objective of this in-house rules and regulations is to provide guidance on all routine activities in the Department, in addition to the Faculty, University and legal requirements to achieve and establish a positive safety culture.

Scope

All staff, students, observers, visitors and contractors are to adopt the practices in this set of rules and regulations.

Responsibility

1. Everyone is responsible for his or her own health and safety.
2. Responsibility of the Head of Department (HOD) or Research Directors (RD) to endorse the in-house safety rules and regulations with the Department Safety Committee (DSC) to ensure it is effective and relevant.
3. The DSC is responsible to formulate relevant effective and practical safety rules and regulations to establish a safe workplace and environment related to routine activities of the department.
4. The DSC is responsible for the communication of the in-house safety rules and regulations to the Principal Investigator (PI) & Safety Lead.
5. The PI has primary responsibility for the safety of users in the laboratories under his jurisdiction as well as safety of his staff when they are working under direction at other locations.
6. The Safety Lead is responsible to assist the PI to communicate the In-House Safety Rules and Regulations to all users and visitors of their laboratory.
7. The DSC is responsible to monitor the implementation, and will review and revise the safety rules and regulations periodically.

Definitions

Authorized User - Anyone who has authorised access to enter the laboratory to carry work in any form, with or without equipment

Card Access - Access into a secured area through a staff card

Collaborator

- If the collaborator does not do hands-on work in the lab, "Visitor" level safety is applicable.
• If the collaborator does hands-on work in the lab, "User" level safety is applicable.

**Contractor** - External workers engaged by laboratory/department/faculty to perform services.

**Department** - The Department of Orthopaedic Surgery, National University of Singapore.

**Department Safety Committee (DSC)** - The DSC will advise the RDs and HOD on matters concerning safety. The DSC will:

1. Proactively identify, evaluate, and assist in correcting safety and health hazards and implement the department's safety management system;
2. Facilitate the implementation of department-wide safety and health programs;
3. Promote safety awareness in the department;
4. Facilitate and organize emergency plans and drills;
5. Plan, facilitate and participate in safety audits at departmental, faculty and university-level;
6. Act in general as the resource point, for staff and students on all occupational safety and health matters.

**Equipment Owner** - A laboratory staff or researcher designated to have operational oversight of the equipment. He should have received training on the use of the equipment. He should have conducted the Risk Assessment and read the Standard Operating Procedure.

**Laboratory** - A workplace managed by PI that provides a controlled environment in which the purpose of scientific research, experiments and measurement occur. This includes, but is not limited to, all workplaces where chemicals, biological and radioactive materials, lab animals, equipment and machineries are used or installed.

**Licensed Operator** - Staff or Student trained to use specific equipment with the corresponding license from a regulatory body.

**Supervisor** - A Supervisor is the person or faculty member who is in charge of a workplace or has authority over certain staff, students, contractors or visitors.

**Observer** - See Visitor

**Officer-in-charge** - Designated Laboratory Staff responsible for the item / equipment / facilities / laboratory

**Principal Investigator** - Faculty member in whose assigned space a research activity is conducted.

**Public Transportation** - Any form of transport in which members of the public may use without need for permission (e.g. taxis or shuttle bus)
Research Administration Meeting - A quarterly meeting held by the Department for research related administration including safety matters.

Research Director – The faculty appointed by the Head of Department to oversee matters concerning research in the department.

Safety Lead – The person assisting the PI on matters concerning safety and has supervisory responsibilities over matters concerning safety.

Safety Management System – Provides a systematic and comprehensive way to manage safety elements in the workplace.

Specimen - Any biological specimen either cadaveric animal or human in origin.

Staff - Anyone employed (either full time or part time) by the University.

Student – Any students on attachment (from other tertiary institutions, polytechnics and secondary schools).

Undergraduate Student - Registered students with the University. This includes students under the Undergraduate Research Opportunities Program (UROP).

University - The National University of Singapore

Users - Any staff/student who intends to use the equipment for academic/research purposes

Visitor - Non-authorised user who is visiting the laboratory with permission. A visitor is not allowed to do hands-on work in the lab.
SECTION 2. Authorisation and Access to Laboratories

(OSHE Directive No. 0702 & 0705)

1. Classification, authorization, and access to laboratories should be according to the purpose and roles in the lab and not according to the institution / company they are from.

2. Authorised users are individuals who have acquired, demonstrated and documented the necessary levels of competency to work safely in the laboratory.
   
   1. Only one key / card access shall be issued to each authorised person.
   2. The authorised person shall not replicate the key or card for distribution to any other persons, without prior permission from the PI.
   3. Authorisation is laboratory and equipment specific.
   4. Anyone below the age of sixteen (16) years shall not be allowed in a laboratory except with the official permission from the PI. If the person is related to the PI, official permission should be sought from the Research Directors.

3. Department staff and students
   
   1. All new users are required to complete
      
      1. laboratory induction
      2. laboratory specific training as determined by work needs

   2. The appropriate training matrix and plan should then be documented and implemented in the Laboratory Safety Management System.

3. All department staff and students should take and pass the Department Safety Induction Quiz at the Research Administration Meeting. The passing mark for the quiz is 80%. If the passing mark is not reached, the Safety Lead/Laboratory Staff will provide additional safety training according to the Lab Safety Induction. Staff/student will be required to re-take the Quiz one month after the Research Administration Meeting.

4. Students should also have their details lodged with the Department Student Database according to the department's "SOP for Management of Students / Visitor Database".

5. Application for Card Access to the building / laboratory should only be processed after all the above steps have been completed.

4. Non-Departmental Staff and Students working in the Laboratories within the department laboratories
1. These users will apply for access and authorisation through the same procedure as departmental staff and students through their respective PI.
2. Users are required to fill up a Laboratory Access Request Form.
3. The end date of the authorisation and access will correspond to the project or collaboration end date.
4. Extension of authorisation and access can be requested to the PI of the laboratory through the Laboratory Access Request Form.
5. Persons under this category should have their details lodged with the Department Student Database according to the department’s "SOP for Management of Students / Visitor Database".

5. Visitors and Contractors

1. All such visitors and contractors must declare the purpose of their visit before entry can be granted, and their movements overseen by departmental staff.
2. Visitors may only be present to observe work done in the laboratory.
3. Contractors should adhere to the contractor risk management checklist with documentation provided to the laboratory prior to commencing work.
4. Their details should be recorded according to the department’s "SOP for Management of Students / Visitor Database".

6. Termination of Card Access

1. PIs must inform the relevant card access authority whenever a staff or student has stopped working in his lab so that access can be revoked.

SECTION 3. Authorisation and Access to Laboratories not under PI’s jurisdiction

(OSHE Directive No. 0704)

1. PIs and members of his group should follow OSHE Directive 0704 on "NUS Staff and Students working in Non-NUS Organisations" when working in non-NUS Organisations.
2. PIs and members of his group can also apply OSHE Directive 0704 when working at a workplace in NUS not under the PI’s care.
3. Summary of OSHE Directive 0704

1. Ensure that adequate supervision and training is provided in the other workplace.
2. Ensure that risk assessments has been reviewed and approved by the relevant authority of the other workplace. Risk assessment forms from the other workplace may be used.
3. Any accident or incident should be reported to the PI and OSHE, as soon as possible, and in any case within 24 hours.

SECTION 4. Competency, Training and Supervision

1. All users must undergo the required NUS safety programmes
2. In addition the PI and Safety Lead will conduct a needs based training analysis and monitor the competency of the user before working unsupervised, these may include but are not limited to equipment use, and specific SOPs.
3. Non-routine work training should also be provided and monitored if required.
4. All training should be documented after assessment of competency in a safety induction checklist.
5. Training status of all users will be reported to the PI and the Department Safety Committee (attn: Dominic Tey) on a quarterly basis.

SECTION 5. Working in the Lab

1. Only users who are authorized and have undergone the necessary training as outlined in SECTION 4. Competency, Training and Supervision are allowed entry and use of the laboratories’ equipment and facilities.
   1. Authorisation is laboratory and equipment specific.
   2. Users are required to
      1. Read the laboratory specific documentations,
      2. Record, agree and acknowledge their consent and understanding of the work to be carried out in the laboratory.
         This is to ensure that the users to the lab are familiar with the safety and standard operating procedures.
   3. No one should work alone outside of office hours (8.30 am to 6 pm).
   4. If working in the lab after office hours is required, follow
SECTION 6. Working in the Lab After Office Hours.
SECTION 6. Working in the Lab After Office Hours

1. Staff can only work after office hours if given authorisation by the Officer-in-charge. Where appropriate, the “Work Sessions Lab Charges” form must be signed by the PI/Supervisor beforehand and this form will serve as the authorisation form to work after office hours.

2. In such cases, at least one other user or staff must be in the laboratory to be a buddy. If no buddy system is available, "SMS" practice must be applied.

3. In "SMS" practice,
   1. Prior permission is obtain to work after office hours by the user from the Safety Lead with the following information
      1. Work to be carried out
      2. Contact person
      3. Agreed time to end work
   2. Safety Lead verifies with Contact Person, that he has agreed to be the contact person for the user to work after office hours. This is recorded in the "After Office Hour Form" in Appendix U.: Working After Office Hours Form
   3. The user working after office hours must inform the Safety Lead and one other Contact Person through SMS and/or verbally the work to be carried out during the duration of work. The user can only proceed with their acknowledgement reply. Upon leaving the lab, the user must SMS and/or verbally inform the both Safety Lead and the Contact Person that he/she has safely completed work, and has left the laboratory.
   4. The Contact Person must ensure that the user leaves the laboratory before the agreed time to end work. If there is no reporting made by the user after the agreed time to end work, the contact person has to call the user to ensure of their safety.
   5. In the event that the user cannot be reached, the contact person will need to make a trip down to the laboratory to check on the safety of the user. Alternatively, Building/Campus Security can be asked to check on the user in the laboratory.

SECTION 7. Personal Stuff

1. If you experience any drowsiness, giddiness or nausea or feel unwell, you should not continue working and should seek advice / treatment from the officer-in-charge.

2. Cover any existing abrasion, cut or open wound with adhesive plaster before beginning to work.
3. No eating, drinking, smoking, applying of cosmetics or listening to music in the laboratory.
4. Anyone under the influence of alcohol is not allowed to work in any workplace.
5. Store your personal belongings away from working area, preferably under lock-and-key.
6. Store food/drinks (e.g. water bottle) in your personal belongings.
7. Do not clutter the laboratory with your personal belongings.
8. Do not leave materials in aisles, walkways, stairways, doorways, etc.
9. Decontaminate all biological materials and mop up any chemical spills.
10. Everyone should report to supervisor whenever they become sick or are injured at work.
11. Unsafe conditions / acts encountered shall be corrected or reported to the respective Supervisor and / or to the Department Safety Committee.

SECTION 8. Working attire, Safe Working Operations

1. You must be in appropriate attire, preferably in long pants and covered footwear. Shorts and Bermudas are NOT allowed during laboratory work.
2. If you wear fashion accessories or have long hair that may get caught in equipment with exposed moving parts, electrically energised equipment, fire sources or hinder work procedures, take them off or cover them with hair caps.
3. Do not operate any machinery or equipment if it is known to be in an unsafe condition. Any damaged equipment or missing machine guards must be reported to Supervisor for repair and maintenance. Leave it to the professionals.
4. You must be in the required personal protection gear as shown in the lab notice of the laboratory.
5. If you are having a discussion with someone who is carrying out work, you should also be in the required personal protective equipment (for protection if an accident / incident happen).
7. Gloves should be removed as soon as handling of hazardous items is done.
8. Remove contaminated gloves before answering telephone calls or opening doors. Dispose your gloves in the appropriate waste bin and wash your hands thoroughly before leaving the lab.
9. Eye or full-face protection shall be worn when there is risk of eye injury from splashes, ultra violet radiation, etc.
10. Do not wear your laboratory coats and other personal protective gear outside the laboratory.
SECTION 9. Working in PI’s Certified workplace

1. Once authorised to work in the laboratory, evaluate if the activity carried out comes under the purview of the Occupational Health Program. This provides a baseline health check.
2. The occupational health clinic may make recommendations for safer work environment.
3. Familiarise yourself with the Exits, First Aid boxes, Emergency Contact, Safe Work Procedures, Risks Assessments and Safety Data Sheets of the laboratory you are working in.
4. Never horseplay, play practical jokes, fight or distract others while working.
5. Report all unsafe and potentially unsafe conditions to the laboratory officer-in-charge.
6. Do not remove equipment from the laboratory.
7. Only authorized users who are trained should operate the specific equipment / experimental setup.
8. Always follow operating instructions, do not take “short cuts”.

WARNINGS

DO NOT take “short cuts” your life or limb may be cut short.

9. Maintain good housekeeping, do not litter.
10. Report all accidents or near-miss incidents to the laboratory officer-in-charge.
11. Do not attempt to repair, modify any equipment or experimental setup if you are not authorised to do so by the Principal Investigator or Laboratory Officer-In-Charge.
12. In the event of an emergency, please follow the NUS or School of Medicine Evacuation Procedures.

SECTION 10. Working in another location

1. Once authorised to work in a workplace not under one’s Principal Investigator, in addition to
2. SECTION 9. Working in PI’s Certified workplace, do approach the PI/ Supervisor / Safety Lead of the other locations and get the appropriate
   a. Training
   b. Operating Instructions
   c. Risk Assessments
   d. Standard Operating Procedures
3. If the above items are not available, seek the appropriate advice from the relevant people such as previous or existing users.
4. Risk Assessment is a legislated requirement and should therefore be conducted in the appropriate manner and documented into PI’s SMS

SECTION 11. Risk Assessments and Standard Operating Procedures

1. Risk assessments (RA) and Standard Operating Procedures (SOP) are to be conducted before commencing routine and non-routine work.
2. RAs and SOPs should cover not just the actual experiment but also consider the risks and operations in procurement, importation, licensing, equipment setup, handling, storage, specimen characteristics, etc, as well as the cleaning and clearing up, disposal and storage of waste.
3. Consideration of risk that arises from intermediate or by-products of the procedures arising from the use, manipulation, formation or release should be part of the assessment of risks.
4. From the risk assessments, a written protocol / safe work practice should be drawn up describing how the work can be done in a safe manner. This should include the details and technical specifications of the control measures which are to be used and the means whereby these measures will be maintained. Operating parameters (e.g. level of sound, presence of other specimens, absence of equipment parts, etc) should be covered.
5. Emergency procedures must be established by assessment and arrangements put in place.
6. The hierarchy of risk controls should always be considered when evaluating a work activity.
7. The RAs and SOPs must be evaluated and reviewed annually or when there is a change in the activity to ensure it remains relevant and effective. Change in activity will include but is not limited to new procedures, substances, machinery/equipment, or if there are changes in legislation.
8. SOPs should be clearly stated and realistic in scope.
9. RAs and SOPS should be discussed and implemented in groups of at least 2 members.

SECTION 12. Work Area, Chemicals, Equipments & Samples/Specimens

1. Do a quick check on the condition of the equipment and laboratory facilities prior to usage. STOP any operation and ASK for help, if uncertain or something is amiss or doesn’t feel right or normal.
2. You should carry out all work in the appropriate work area e.g. BioSafety Cabinet, Fume Cupboard, etc.
3. Clean the area of work immediately after use.
4. Label all chemicals correctly and store in the appropriate containment as per chemical safety.

5. Label all samples and specimens correctly and store in the appropriate containment as per biological safety.

6. Collect waste material at the end of the session and dispose off in an appropriate safe manner.

7. If waste material has to be stored first before disposal, waste material should be stored in the appropriate safe manner.

8. Switch off all electrical equipment (except those that are supposed to be running continuously) before you leave the lab.

9. Wear suitable hand gloves and eye goggles when handling liquid nitrogen.

10. Dispose all sharp objects (e.g. needles, scalpel blades & broken glass) into the sharps bin.

11. Do not use glassware and utensils in the laboratory to contain food.

12. Do not store food or drinks in the freezers and refrigerators in the laboratory.

13. Do not transport specimens without proper containment and permission from the laboratory officer-in-charge.

14. If you sustain injury e.g. cuts and scratches, wash thoroughly and seek treatment immediately. Inform the relevant authorities in the contact listing, so that appropriate care can be rendered to you.

SECTION 13. Packing and Transportation of Samples/Specimens

1. Ensure that specimens are packed according to Safe Work Procedures appropriate for the sample / specimens.

2. The external surface of the container should be clean to be handled with bare hands.

NOTE

If you need to wear gloves to handle the container - it’s not properly packed and contained.

3. Familiarize yourself with handling spills.

4. Laboratory Contact should be included with the container.
SECTION 14. Emergency / Crisis Management

1. The following Alert Levels correspond to the University’s Corporate Emergency Levels:

   1. Level 1 Emergency: Minor Incident
      1. Localized event with limited impact.
      2. Routine response to a routine and contained event (e.g. chemical spills, localised power failure, trips and falls, minor injuries, staff/student on health incident, etc).
      3. Crisis Management Plan is not activated.
      4. Response is internal within department with external assistance from Campus Security, if deemed necessary.
      5. Little or no impact on personnel or property or normal operations within or outside the locally affected area. E.g. Localized chemical spill
      6. If Level 1 is not stabilised by 6 hours from incident report, it becomes a Level 2 Emergency

   2. Level 2: Emergencies
      1. Level 2 Emergency is a serious event that disrupts one or more operations.
      2. Level 2 Emergencies may escalate quickly and have serious consequences for mission-critical functions, or may threaten life safety (e.g. structural fire, attempted suicide, or incident may pose a threat to the reputation of the department).
      3. Level 2 Emergencies have a moderate to high impact on personnel or property. Response requires two or more departments above a routine capacity, and/or outside agencies to render assistance.
      4. Crisis Management Plan is activated to the extent as deemed necessary.
      5. Principal Investigator to be notified immediately followed by Head of Department and University Level Units.
      6. Emergency Response is coordinated by the University Crisis & Emergency Management Team.
      7. If Level 2 is not stabilised by 48 hours from incident report, it becomes a Level 3 Emergency

   3. Level 3: Crises
      1. A Crisis is defined as a very serious event that seriously impairs or halts the operations of the University and/or has an impact on the surrounding
community. It is typically a situation that is presently or soon to be going out of control. Normal university operations are suspended.

2. Level 3 Crises have high impact on personnel or property with potential to negatively affect the reputation or credibility of the University (e.g. multi-structural fire, major explosion, major hazardous material release, multiple deaths or injuries, disease/epidemics, any national level disasters.

3. A timely resolution of crisis conditions requires University-wide cooperation and extensive coordination with external jurisdictions. The University Crisis Management Plan is automatically activated.

2. All communications / enquires from the public or media must follow the guidelines in
SECTION 16. Media Communications.
SECTION 15. Emergency Contact Information

1. Sample Laboratory Notice giving Emergency Contacts follows:

NOTES

All emergency contact number listing can be found above the phone for emergency usage

Sample Emergency Contact Information

In case of Emergency, Contact

Principal Investigator  
Depends on Project  
Tel: Depends on PI

Chairperson, Orthopaedic Surgery Safety Committee  
Dr Barry P. Pereira  
Tel: 6516 5182

If the PI or Safety Lead is not available, please contact:

Senior Manager  
Ms Low Siew Leng  
Tel: 6772 4424/6772 3311

Asst Manager  
Mr Dominic Tey  
Tel: 6772 4593
SECTION 16. Media Communications

1. Staff and students should not deal directly with the media at all times. Any enquiry should be referred to the PI.
2. In cases of Emergency, all enquiries from the media should be referred to the Official Spokespersons.
3. All statements and briefings to media are to be released through the Office of Corporate Relations. It is the responsibility of the Unit to inform staff and students not to deal directly with the media at all times. A designated staff of the affected Unit shall provide facts and relevant information to Office of Corporate Relations, who would then draft statements to the media. The official spokesperson will depend on the nature of the crisis and must be cleared with NUS President or his designate.
## Appendix Q.: List of Principal Investigator, Safety Lead, Laboratory

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Safety Lead</th>
<th>Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. Wong Hee Kit</td>
<td>Dr. Abbah Sunny Akogwu</td>
<td>NUSTEP Lab 2A</td>
</tr>
<tr>
<td>Prof. Lee Eng Hin</td>
<td>Antony Dhasan Josphin Denslin</td>
<td>NUSTEP Lab 1A</td>
</tr>
<tr>
<td>Assoc. Prof. Wilson Wang</td>
<td>Poh Chye Khoon</td>
<td>MD11 #B1-19</td>
</tr>
<tr>
<td>Assoc. Prof. Wilson Wang (Core</td>
<td>Low Siew Leng</td>
<td>BMD Lab</td>
</tr>
<tr>
<td>Facilities)</td>
<td>Grace Lee Siok Moi</td>
<td>Motion Analysis Lab</td>
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<tr>
<td></td>
<td>Hazlan Sanusi</td>
<td>Cadaveric Dissection Lab</td>
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<td></td>
<td>Ramruttun Amit Kumarsing</td>
<td>Biomechanics Lab</td>
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<td>Jennifer Chong Sue Wee</td>
<td>Cell Culture Lab</td>
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<td>Julee Chan Wai Kam</td>
<td>Histology Lab</td>
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<tr>
<td>Assoc. Prof. Suresh Nathan</td>
<td>Thein Than Htike</td>
<td>MD11 #03-24</td>
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<td>Assoc. Prof. James Hui Hoi Po</td>
<td>Dr. Ren Xiafei</td>
<td>NUSTEP Lab 1B</td>
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<td>Adj. Assoc. Prof. Hee Hwan Tak</td>
<td>Roger Chua Yon Jin</td>
<td>NUSTEP</td>
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<tr>
<td>Adj. Assoc. Prof. Susan Lim</td>
<td>Dr. Kerrie Lim Gek Choo</td>
<td>MD11 #04-22</td>
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<tr>
<td>Dr. Barry Pereira</td>
<td></td>
<td>MD11 #03-25</td>
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# Appendix R. In-house Rules and Regulations Checklist

<table>
<thead>
<tr>
<th>Task</th>
<th>Date of Completion / Not Applicable (NA)</th>
<th>Personnel In charge Signature</th>
<th>User's Signature</th>
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<tbody>
<tr>
<td>Authorisation and Access to Laboratory</td>
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<tr>
<td>Laboratory induction</td>
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<td>Laboratory Specific Training</td>
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<td>Training Matrix</td>
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<td>Department Safety Induction Quiz</td>
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<td>Student details lodge with Department Student Database</td>
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<tr>
<td>Key issue</td>
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<td>Card Access approved</td>
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<td>Number lock informed</td>
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<td>Laboratory Access Request Form</td>
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<td>1. PI signed</td>
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<td>2. Start Date</td>
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<td>3. End Date</td>
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<td>NUS Exclusion Of Liability And Indemnity Form For Access To Facility</td>
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<td>Visitor Log Book</td>
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<tr>
<td>Contractor Risk Management Checklist</td>
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### Appendix S.: OSHE Directives

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<tr>
<th>Directive</th>
<th>Title</th>
<th>Date &amp; Revision No.</th>
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<td>Directive 0701</td>
<td>Access to and Supervision of Undergraduates in Laboratories for Project or Research Work</td>
<td>15 May 2008 Revision No: 0</td>
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<tr>
<td>Directive 0702</td>
<td>Authorized Access to Laboratories</td>
<td>17 October 2011 Revision No: 01</td>
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<tr>
<td>Directive 0704</td>
<td>NUS Staff and Students Working In Non NUS Organizations</td>
<td>17 January 2012 Revision No: 01</td>
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<tr>
<td>Directive 0705</td>
<td>Supervisory &amp; Training Responsibilities for New Users of Laboratories Managed by Academic Staff (Principal Investigators &amp; Laboratory Supervisors)</td>
<td>18 October 2010 Revision No: 00</td>
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### Appendix T.: Card Access Authority

<table>
<thead>
<tr>
<th>Centre</th>
<th>Contact Person</th>
<th>Address</th>
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<tbody>
<tr>
<td>Clinical Research Centre (MD11)</td>
<td>Mr Toh Chin Kiat, Ms Nurshahrinie Bte Harman Shah</td>
<td>Medical Communications Unit, Yong Loo Lin School of Medicine National University of Singapore MD11 #01-05E, 10 Medical Drive Clinical Research Centre Singapore 117597</td>
</tr>
<tr>
<td>Orthopaedic Diagnostic Centre</td>
<td>Grace Lee Siok Moi</td>
<td>Motional Analysis Laboratory Orthopaedic Diagnostic Centre</td>
</tr>
<tr>
<td>NUS Tissue Engineering Programme (NUSTEP)</td>
<td>Eriza Amranto</td>
<td>NUS Tissue Engineering Programme (NUSTEP) DSO (Kent Ridge) Building Level 4 27 Medical Drive Singapore 117510</td>
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### Appendix U: Working After Office Hours Form

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<td>001</td>
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<tr>
<td>Page:</td>
<td>3 of 24</td>
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</table>

#### Working after Office Hours (Month/Year: ___________)

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of user/Sign</th>
<th>Activities</th>
<th>Time Out</th>
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Endorsed by PI: ________________________________(Name/Signature)

Date: __________________________

Prepared by Mr Dominic Tey
Vetted by Ms Low Siew Leng
Approved by A/Prof Wilson Wang 29 June 2012 ver. 2.0
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