VA NORTHEAST OHIO HEALTHCARE SYSTEM
Louis Stokes Cleveland DVAMC
Medical Research Service
Subcommittee on Research Safety Policy

Effective Date: SEPTEMBER 14, 2022

SOP Title: STORAGE POLICY FOR COMMON AREAS

SOP Number: SRS--003

SOP Version: .09

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1. PURPOSE: To establish responsibilities and procedures for the safe storage of supplies in a common storage area.

2. POLICY: All investigators utilizing a common storage area must follow these procedures. Otherwise, some or all of the stored supplies may be removed.

3. DEFINITIONS:

   a. Excessed - When a piece of equipment is reported to Logistics so that it may be removed from the hospital equipment inventory list.

   b. RAM - Radioactive materials.

   c. RSC/CHO - Research Safety Coordinator/Chemical Hygiene Officer.

4. RESPONSIBILITY:

   a. RSC/CHO:

      (1) Ensures that all investigators are aware of and comply with storage procedures.

      (2) Conducts semi-annual checks of the common storage area.

   b. INVESTIGATOR:

      (1) Reads and follows these procedures.

      (2) Reports any violations of these procedures to the RSC/CHO.

   c. EMPLOYEE:

      (1) Reads and follows these procedures.

      (2) Assists the investigator in complying with these procedures.

(3) Reports any violations of these procedures to the RSC/CHO.

5. PROCEDURE:

a. DRY GOOD STORAGE

(1) Any room used for dry good storage must be attended or must have a sprinkler system.

(2) NO RAM may be stored in a common storage location for any reason.

(3) NO CHEMICALS may be stored in a common storage location for any reason.

(4) NO EQUIPMENT may be stored in a common storage area unless it meets *all* the following:

(a) It must have been excessed through the Medical Research Office (extension 64263).

(b) The Research Office (extension 64263) must be notified <u>before</u> the piece of equipment can be moved into a storage area. This is to ensure that the equipment inventory is updated.

(5) All materials must be "dry" materials.

(6) All materials must be packed in boxes that are in good condition.

(7) All boxes must be labeled with:

(a) Investigator's Name.

(b) Laboratory room number.

(c) Name of a contact person.

(d) Phone extension for contact person.

(e) Exact contents of the box.

(f) Date placed into storage.

(8) All materials must be stacked safely; pallets are to be used to keep items off the floor.

b. 4° CELSIUS COLD ROOMS

(1) Cold Rooms are constant 4°C walk-in units that are available on each floor within Medical Research Service.

(2) The air in a Cold Room is re-circulated; flammable or hazardous chemicals **must not** be stored in these rooms. When such fumes are concentrated, they pose explosion and health hazards. The use of/or storage of *Dry Ice* and/or *Liquid Nitrogen* is forbidden. These agents decrease the oxygen level within a self-contained room; placards are posted outside each cold room addressing this hazard.

(3) Due to the storage of equipment and hazardous materials, Cold Rooms must be locked when not in use.

(4) Cardboard boxes are not permitted in Cold Rooms; moisture within a Cold Room can promote the growth of mold on cardboard materials.

(5) Cold Rooms may be used for storage as long as every item:

(a) Is non-flammable.
(b) Requires refrigeration to maintain usefulness.
(c) Is off the floor.
(d) Is properly labeled with chemical name, hazard information, investigator's name, date opened, and target-organs (when appropriate).

Cold Rooms are inspected semi-annually to ensure that all requirements are being followed. Each investigator must correct or remove any item that is not in compliance.

5. REFERENCES: Medical Research Service Chemical Hygiene Plan, 2022.

6. RESCISSIONS: Medical Research Policy SRS-003. The rescission date of this policy is September 13, 2027.

7. FOLLOW UP: RSC/CHO