

FLORIDA INTERNATIONAL UNIVERSITY

UNIVERSITY SAFETY COMPLIANCE GUIDE

BIO SAFETY

SECTION 900

ENVIRONMENTAL HEALTH & SAFETY,
INSURANCE & EMERGENCY MANAGEMENT SERVICES

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USCG 901 – HEPATITIS A

Last Update: 08/11/04

PURPOSE

To provide guidance for protection against exposure to Hepatitis A in the workplace.

SCOPE

University-wide

DEFINITIONS/BACKGROUND

- The Hepatitis A Virus (HAV) is a viral agent spread by the fecal-oral route which causes acute liver infection in those affected. Persons can become infected via contamination of food or poor hygiene practices.
- Symptoms include jaundice (yellowing of the skin or eyes), fatigue, abdominal pain, loss of appetite, nausea, diarrhea, fever.
- HAV can be spread by putting something into one's mouth that is contaminated with the stool of another person whether it is food or an inanimate object.
- This can happen in everyday situations in which an infected person does not follow proper hygiene techniques such as not washing hands after using the restroom, changing diapers, etc.
- Under these circumstances, HAV, if on the affected person's hands, can contaminate the workplace in a variety of ways.
- Any item, from a door knob to a pencil, to a computer keyboard can become contaminated. This can lead to subsequent spread to other persons who use these instruments.
- Also, shaking hands or sharing of eating and drinking devices can lead to the spread of HAV if contamination has occurred.

GUIDELINES

- If the possibility exists that office workers may have been exposed, the office personnel need to follow basic hygiene principles.
- Wash/disinfect hands on a regular basis either at the faucet or by using anti-bacterial hand sanitizers.
- Do not share office products, such as pen, pencils, etc.
- Do not share eating utensils, cups, etc.
- Do not share food, drinks, etc.
- Do decontaminate work areas with disinfectant products.
- Do wash hands on a regular basis.
- Hand washing and cleanliness is key!!!

If you have any questions regarding this guideline, please contact the department of Environmental Health and Safety at (305) 348-2621.

USCG 902 – TUBERCULOSIS EXPOSE CONTROL PLAN

Last Update: 08/11/04

PURPOSE

To provide guidance for Department Head/Supervisor for possible work related exposure of faculty, staff, student members, or visitors of the FIU community to tuberculosis. For any possible exposure quick decision-making is extremely important so that the disease does not spread.

SCOPE

University-wide.

DEFINITIONS/BACKGROUND

Aerosol route: a person can be exposed to tuberculosis from a cough, or sneeze from an infected person.

At-risk persons/employee: any individual who is a faculty/staff member, student or visitor who is part of the university community.

Non-laboratory/clinic: any location within the university where exposure to tuberculosis is less likely to occur. This includes, but is not limited to, office areas, laboratory classrooms, athletic facilities, etc.

Tuberculosis (TB): Pathological condition which affects the lungs and is spread from human-to-human via the aerosol route in most cases. Symptoms include: feeling sick or weak, coughing and/or coughing up blood, chest pain, weight loss, fever and night sweats.

EXPOSURE RISK DETERMINATION

- Directors/Supervisors must be diligent concerning any possible incidence of an employee with active TB in the workplace who might expose others.
- This includes observing for common symptoms that an affected employee might have such as fever, light sweats and bloody sputum when coughing.
- ANY type of suspected exposure must be dealt with in a quick manner.

GUIDELINES

- The following guidelines apply following a post-exposure incident(s):
- In all settings, if there is a confirmed case of active TB in the workplace, the affected individual **cannot** return to work until given proper medical clearance from a physician.
- Appropriate documentation from the physician in charge of the patient must be provided to the Department Head/Supervisor as well as the EH&S office.
- In all cases, the right-to-privacy for the individual(s) affected must be respected.
- Direct the affected individual(s) to the Health and Wellness Center or their personal physician as soon as possible for evaluation.
- Counseling through the Health and Wellness Center, for those in the workplace who might have been exposed, must be provided as well.
- Any exposure in the clinical setting must be reported immediately to EH&S staff.

- If the possibility of exposure of a student(s) in a classroom or laboratory setting exists, then the Departmental Director/Supervisor will counsel the possibly affected individual(s) and direct them to the Health and Wellness Center or their personal physician for proper evaluation.
- Visitors to the university who may have been exposed to TB will be counseled as well and directed to the Health and Wellness Center or their own personal physicians as soon as possible.
- Directors/Supervisors in charge of the area which the visitor occupied will be responsible for contacting them.
- If they are unable to contact them the same day or they are transient visitors, every effort will be made to locate them via announcements, etc.

In all cases, the Department of Environmental Health & Safety must be informed concerning every individual who may have been exposed.

If you have any questions regarding this guideline, please contact the department of Environmental Health and Safety at (305) 348-2621.

USCG 903 – COMMUNICABLE DISEASES

Last Update: 08/26/04

PURPOSE

To provide guidance for dealing with incidences of communicable disease in the workplace.

SCOPE

University-wide.

DEFINITIONS/BACKGROUND

- Communicable diseases are defined as those diseases that can be directly or indirectly transmitted from one person to another.
- These include, but are not limited to: influenza or tuberculosis and can include those that do not occur as often such as measles or chickenpox.
- Symptoms can include coughing, fever, sneezing, rashes, nausea, etc. • There are a variety of ways in which these diseases can be spread.
- Shaking hands, talking, coughing, sneezing are just some of the ways in which these diseases can be spread.

GUIDELINES

- Supervisors need to be aware of their employees' health status if visible symptoms indicate a possible communicable disease.
- Supervisor should approach the possibly infected individual in a confidential manner and discuss the situation.
- Right-to-privacy of person infected must be respected at all times.
- Supervisor should send the affected individual to their private physician immediately if the situation warrants it.
- Medical clearance should be provided by the individual if it is not a contagious infection.
- If the individual infected poses a health-risk to other employees then he or she should not return to work until given medical clearance by his/her physician.
- Department of Environmental Health and Safety must be notified of any person who is potentially infected with a communicable disease in any department throughout the university.
- EH&S, in consultation with the Director of University Health Services, will provide recommendations and appropriate follow-up for dealing with any incidents.

If you have any questions regarding this guideline, please contact the department of Environmental Health and Safety at (305) 348-2621.

USCG 904 – TETANUS VACCINATION

Last Update: 08/26/04

PURPOSE

To protect employees from infections and complications associated with tetanus.

SCOPE

University-wide, particularly those persons who work for Facilities Management, Planning and Construction, Research Laboratories, SERC, and Diving/Boating.

DEFINITIONS/BACKGROUND

Tetanus: a preventable, infectious disease which may occur as a result of contamination of a wound. It is an acute infection which can be fatal in some people. Symptoms include: lockjaw, neck stiffness, swallowing difficulty and abdominal rigidity as well fever and sweating.

Transmission: a person can become infected from contamination of a major or minor wound from surgery, deep puncture of the skin, burns, etc.

Immunity: a vaccine is available for tetanus and most children receive it when they are young but the immunity goes away with time. Therefore, booster shots are recommended every 10 years.

GUIDELINES

As a totally preventable disease, employers should consider the tetanus vaccination for all employees who may be at risk. Risks include, but are not limited to, construction workers who may be cut or injured by metallic objects such as nails; laboratory workers who may be cut or hurt with a sharp such as a scalpel; or facilities employees who may be hurt while performing their everyday duties.

Employers who determine that their employee may be at risk for exposure to tetanus should follow these guidelines:

- Determine whether or not there are work-associated risks in your department to exposure to tetanus.
- Explain to the employee the workplace-associated risks involved in their possible exposure to tetanus.
- Offer the tetanus vaccine to the employee at no cost (department expense).
- If employee accepts the vaccination, then direct him or her to the Health and Wellness Center.
- Employee should provide copies of vaccination record to their Supervisor.
- Supervisor maintains vaccination record.

For questions or additional information regarding this guideline, please contact the Department of Environmental Health and Safety at (305) 348-2621 or the Health and Wellness Center at (305) 348-3080.

USCG 905 – UNIVERSITY NON-RESEARCH AREA DECONTAMINATION

Last Update: 11/16/04

PURPOSE

To provide guidance on appropriate cleaning procedures for university facilities that may be potentially contaminated with blood, body fluids, or infectious materials.

SCOPE

Any non-research area (clinics, bathrooms, athletic training rooms, etc.) where there may have been an accidental or deliberate release of blood or body fluids.

BACKGROUND

Blood and body fluids may present a hazard of exposure to infectious diseases. The following guidelines are intended to help assure that such exposures are minimized.

GUIDELINES

The following personal protective items must be worn **before** entering an area that is known or suspected to be contaminated:

- Gloves.
- Eyewear such as safety glasses should be worn to protect from splashes.
- A protective coat may be worn to offer protection from splashes.
- *Note: Street clothing should be protected.*

Additionally:

- Any biological materials/fluids (such as human blood, urine, etc.) observed should be decontaminated using “Universal Precautions” (as outlined in the University’s Bloodborne Pathogens Standard; see University Compliance Guides).
- Prepare disinfectant solution as a 1:10 bleach/water mix (i.e. 1 part bleach per 10 parts water) which provides adequate decontamination effects.
- Other disinfectant solutions which will not corrode/damage equipment being cleaned may also be used.
- During clean-up procedures doors should remain open to assure proper ventilation of the area.
- Start at the far end and work towards the exit so that you do not re-contaminate clean areas.
- It is best to perform this action with a co-worker.
- Assure you have adequate bags and supplies for disposal.
- When cleaning rooms it is important to move from one dirty room to another and not to go back into a clean room once it has been cleaned.
- Where necessary, leave fans running to ventilate area if the spill was a large one.
- Use cleaning cloths, soaked in disinfectant solution, to wipe down surfaces.
- If there are any unidentified fluids on the floor which may look like body fluids:
- Cover with paper towels and pour disinfectant solution on top being careful not to splash the liquid.

- Let stand for 20 minutes and then place the paper towels in a red biohazard bag.
- Wipe up the cleaned area with fresh paper towels and place these in regular trash bags.
- Remove gloves following approved procedures- “tips first, off ‘clean’ hand inside other, flip off”.
- Wash hands using proper technique.

For additional information regarding this guideline, please contact the Department of Environmental Health and Safety at (305) 348-2621.

USCG 906 – WATER QUALITY TESTING PROGRAM

Last Update: 01/30/06

PURPOSE

The quality of drinking water at Florida International University is of great importance to employees and students. To ensure that the University water supply is safe for consumption and use, the Department of Environmental Health and Safety has developed and implemented the Water Quality Testing Program.

SCOPE

The FIU Water Quality Testing Program applies to all water sources located at Florida International University.

APPLICABILITY

Water quality is determined based on the sample's contaminant concentration compared to the specifications established in the Safe Water Drinking Act (SWDA) and its 1986 and 1991 amendments

PROCEDURES

1. Sample Collection

Tests are performed on various water supplies according to the following criteria:

A. Drinking (fountains, etc)

Water is tested at least once or twice a year (5% of the total number of fountains are tested randomly), whenever a change of taste or color occurs, and after a major disaster (e.g. hurricane) (bacterial levels, pH, metals)

B. Lakes

Water is tested twice per year (pesticides/herbicides, bacterial levels)

C. Animal Care Facility

Water is tested once per year or per manager's stipulations (more frequent testing will require payment) (DERM non-community drinking profile, bacterial levels)

2. Analysis

Upon notification regarding concerns about the water quality, the area in question will be tagged "temporarily out-of service" (water fountains/sinks) or "Under Testing" (lakes) until appropriate analysis is performed. The water samples are collected in sterile glass or plastic vials and sent to an analytical lab to be tested. The tests performed depend on known or suspected conditions of the source of the sample. Testing may include analysis for bacterial contamination (coliform), pH, nitrate, sulfate, fluoride, and chloride levels, cyanide, phenols, turbidity, filterability, and volatile organics.

3. Results

Based on analytical results, the sample source will be identified as "safe" or will continue to remain "temporarily out-of-service/under testing" pending further analysis. After determining that the sample source is safe, it is identified as such, and the appropriate personnel is notified of analytical results.

Water sources that require further analysis will initiate the following corrective action:

The lines will be flushed and the source repeatedly tested until the source is able to maintain compliance with EPA standards.

If the source is unable to maintain compliance, an alternative water supply is used until the cause of contamination can be identified (system in need of repair, etc)

Once the cause is identified, and the necessary actions have been taken, the source will be retested, and may be treated by “shock” chlorinating the system (adding a small amount of chlorine; bacteria only).

EH&S ensures that water samples are collected on the scheduled basis, appropriate analysis is performed, corresponding data is recorded, and corrective action is taken to ensure safe drinking and supply water for the University.

STANDARDS AND REGULATIONS

- Safe Drinking Water Act, revised in 1996
- Florida Safe Water Drinking Act, 1977
- Water Quality Assurance Act, 1997
- Drinking Water Standards by EPA
- Surface Water Treatment Rule
- Total Coliform Rule

For additional information regarding this guideline, please contact the Department of Environmental Health and Safety at (305) 348-2621.

USCG 907 – BIOLOGICAL SAFETY CABINET GUIDELINES

Last Update: 02/20/06

PURPOSE

To provide guidance on the safe use of biological safety cabinets.

SCOPE

Any areas, university-wide, where biological safety cabinets are in use.

DEFINITIONS

Biological Safety Cabinet Classifications

There are four classes of BSCs: Class I, Class II-Type A, Class II-Type B, and Class III. All four classes are suitable for work with biohazardous materials in BSL 1 to BSL 3. The Class III BSC is required for BSL 4 work. The following provides a brief overview of the types of BSCs available for use in laboratories. A more thorough explanation for usage and maintenance can be found at the NIH website: <http://www.niehs.nih.gov/odhsb/biosafe/bsc/bsc.htm>.

Class I

The Class I BSC functions to protect the user and the environment, but not the experiment. Therefore it accommodates experiments using equipment such as sonicators, shielded centrifuges, blenders, and mixers. The cabinet is a partial containment unit. Sudden withdrawal of hands may compromise the airflow and may expose the user to aerosols. Since the user's hands and arms are not protected from contact with the hazardous materials, the use of Personal Protective Equipment is of utmost importance.

Class II

The Class II BSC is a front opening cabinet with inward air flow to protect personnel, the work, and for environmental protection. These are more commonly referred to as laminar air flow hoods. There are two types of Class II BSCs, A and B, that differ principally as to vertical dimensions of the front opening, proportion of air recirculated, velocity of inflow air, manner of exhaust discharge, and whether contaminated air plenums are under positive pressure.

Due to the high percentage of air recirculation, Type A BSCs are restricted to work with BSL level 1 to 3 agents in the absence of volatile or toxic chemicals and radionuclides. The type B cabinets allow work with toxic chemicals and radionuclides. The type B BSCs are further sub-typed to types B1, B2, and B3. The Class II BSCs are partial containment units subject to the same barrier-function compromises as the Class I.

Class III

The Class III BSC has enclosed ventilated cabinets which offer the highest degree of personnel and environmental protection. In addition, the experiment is protected because manipulations of cultures are performed through attached rubber gloves.

The Class III BSC can be compromised by punctures of the gloves or the use of highly volatile materials that contribute to the decline of the negative pressure barrier. Flammable gas should not be piped to these units.

BSCs must be clearly labeled with the class and type, the date of the last performance test, the name of the person performing the test, the company name, and a certification of performance. All personnel working with BSCs should be appropriately trained in their use to assure proper handling of these cabinets and prevention of exposure to materials that are used.

BACKGROUND

Biological Safety Cabinets (BSC) are primary barriers used to prevent exposure or contamination of biohazardous or infectious agents. A BSC surrounds the immediate area where work is being done, but it does not assure that some aerosols may not escape.

GUIDELINES

1. Inspection Certification Requirements

As part of a good quality control program and to assure that the BSC is working properly, all BSCs must be inspected and certified under the following circumstances:

- When it is newly installed
- After the filter has been replaced or the motor has been changed
- After being moved (even if moved within the same room)
- At least annually

The Department of Environmental Health and Safety is responsible for the scheduling of annual inspections for the Biological Safety Cabinets. However, Supervisors must notify EH&S when the inspection is due so that arrangements can be made. Replacement or repairs of the equipment are the financial responsibility of the person/department responsible for the BSC. Any additional inspections that are needed will also be the responsibility of the department/person requesting the inspection.

2. BSC Procedural Guidelines

- The BSC should be on at all times while working inside them. Sometimes they may be left powered on a continuous basis but most of the time, once the work has finished, the motor may be turned off.
- If the BSC has been left off, turn it on and let it purge the air for at least 5 minutes before beginning to work inside it.
- The UV light should be off at all times when someone is working inside it as it can cause eye and skin damage.
- The UV light does provide for some sterilization of the environment when work is finished, but it should not be used alone to assume that sterilization is complete. Proper sterilization/disinfection techniques should be applied.
- Place all necessary items inside the cabinet before beginning work. There should not be any clutter inside that may impeded the flow of air inside the cabinet and by having all materials inside, the employee is less likely to have to move in and out to get materials needed and this prevents interruption of the air flow as well.
- A small waste container should be placed inside for any disposable materials.

- No materials should be placed on the air-intake valves to avoid impeding the air flow.
- While working inside the BSC, always wear lab coats and gloves
- Try to limit arm motions and quick, rapid movements inside the cabinet as these may cause a disturbance in the air flow pattern and could let aerosols escape and cause possible exposure.
- Do not use a Bunsen burner inside the BSC at this will impede the air flow inside the BSC. If a procedure calls for the use of a flame, use a burner with a pilot light and place it to the rear of the work space where any type of air turbulence will have a minimal effect.
- Large objects such as a centrifuge that are placed inside the BSC may impede the air flow.
- If an accident occurs during a procedure, immediately clean the area with appropriate disinfectant solution and disposed of properly. Leave the BSC on during this time to minimize exposure to aerosols.
- It is important to remember that a BSC is not the same as a chemical fume hood and should not be used for both purposes.
- Once the work is completed, close up all waste containers and organize materials used.
- Allow the cabinet to operate for five more minutes to finish purging the air inside.
- Remove all materials from inside the cabinet and decontaminate the work surface.
- The UV light may be turned on.
- When not in use the BSC should not be used for storage of materials.
- When cleaning/decontaminating the BSC, wipe down the decontaminated area with water after using the disinfectant (i.e. 10% bleach, etc.), to prevent corrosion of the BSC.

For additional information regarding this guideline, please contact the Department of Environmental Health and Safety at (305) 348-2621.

USCG 908 – STERILIZATION AND DISINFECTION STANDARDS

Last Update: 02/20/06

PURPOSE

To provide guidance on appropriate sterilization and disinfection standards to be used when cleaning biological laboratory areas.

SCOPE

Any laboratory, university-wide.

DEFINITIONS

Decontamination/Disinfection: reducing the number of potentially pathogenic organisms by applying physical or chemical agents to the area that may be contaminated.

- The following is a short review of possible disinfecting agents to use when cleaning in the laboratory. All types are not listed and not all disinfection agents apply to all types of organism including spores.

Type of Disinfectant	What it can be used for.
Alcohols	Use of ethyl or isopropyl alcohol at a concentration of 70-80% is good for general disinfection, but they are not effective against bacterial spores. Eye irritant, can be toxic if absorbed
Phenols	Vegetative bacteria, fungi, and viruses containing lipids; corrosive, skin irritant, eye irritant, resp. irritant, toxic if absorbed
Formaldehyde	5-8% formalin is a good disinfectant against vegetative bacteria, spores, and viruses; skin irritant, eye irritant, resp. irritant, toxic if absorbed; known carcinogen
Quaternary Ammonium Compounds	Lipoviruses, not effective against bacterial spores; toxic if absorbed
Chlorine	Low concentration effective against vegetative bacteria and most viruses, but higher concentrations are required for bacterial spores; corrosive, skin irritant, eye irritant, resp., irritant, toxic if absorbed
Iodine	Vegetative bacteria and viruses, not as effective for bacterial spores; skin irritant, eye irritant.

Sterilization: Complete destruction of all living organisms in the contaminated area.

- The most common and effective method for sterilization of biohazardous materials used in the laboratory is the Steam Autoclave. This instrument may be used to sterilize a variety of materials including glassware, media, wastes, instruments, etc.
- In order to ensure proper containment practices and to prevent exposures of employees, proper use of the autoclave is mandatory as well as the control of waste management as prescribed by local, state, and federal regulations.

- Several factors that must be taken into account when autoclaving to ensure proper sterilization including temperature needed, time and direct steam contact, removal of air from the chamber to ensure adequate time to achieve the sterilization.

BACKGROUND

An important aspect of biohazard containment involves proper cleaning and disinfection of work areas and materials used in the laboratory. Improper cleaning procedures may lead to exposures of the laboratory workers as well as cross-contamination of the materials.

Emergency spill procedures and proper hand-washing techniques are among the controls that persons in the laboratory setting can use to ensure that proper containment is achieved.

When choosing what type of method for cleaning is to be used, the correct method to use depends on the following:

What are the target organisms that you want to remove?
What are the characteristics of the area(s) to be cleaned?

GUIDELINES

1. Disinfection

Once the proper disinfection method has been chosen, it is important to follow these guidelines:

- Disinfectant all work surfaces including floors cabinet tops and equipment on a regular basis
- Minimize the amount of materials that are around the area in which biohazardous materials are used. In other words, a clean and uncluttered work environment provides for safe use of these materials.
- Materials that are autoclavable and or disposable should be used as often as possible.
- Sterilize or store all biohazardous materials when work is finished
- Chemical disinfectant may not work as well on some materials so higher concentration or an extended contact time may be needed.
- When autoclaving wastes, it is important to attach an indicator to the outside of the bag to ensure proper sterilization of the contents.

2. Sterilization

- All potentially infectious materials used in the laboratory such as glassware, instruments, etc. must be autoclaved before being washed and stored or disposed of after use.
- Training of personnel who use the autoclave is mandatory to assure compliance with safety and use issues.
- Toxic, volatile, or radiological materials should not be autoclaved as this can pose a hazard to those using the autoclave as well as to the environment surrounding it.
- Biohazardous materials must not be left unsecured and should be autoclaved on a daily basis unless stored appropriately in the lab section until the time that the material will be sterilized. Appropriate storage includes proper labeling of the waste materials as indicated by a biohazard symbol on the outside of the waste container/bag.

- All bags used for biohazardous materials must be labeled as such and be made of material appropriate to handling biohazardous substances.
- Sharps such as broken glass or needles must not be placed inside the plastic biohazards bags.
- Label each bag with an indicator strip that will alert the handler if the sterilization process was successful or not.
- When loading the bags into the autoclave, place them in a shallow secondary container such as a metal or plastic pan to allow for proper steam accumulation
- Bags or other materials to be autoclaved should never be in direct contact with the bottom of the autoclave.
- Do not overload to allow for proper circulation of steam throughout the autoclave.
- Once properly closed the operation of the autoclave may begin
- The temperature and time for autoclaving varies by brand, etc. but generally 121 degrees Celsius at 15 psi for 30 minutes should be sufficient for adequate sterilization of the materials.
- A biological indicator should be routinely used, at least once a month, to ensure that the autoclave is operating according to standard.
- Investigators and users of the autoclave should develop their own SOP for the use of their particular autoclaves as models vary and temperature, psi requirements, and time may differ.
- After the sterilization process is complete, open the door of the autoclave, using appropriate protective wear such as heat-resistant gloves, approximately 0.5 inches to let the residual steam out.
- Wait approximately 10 minutes for this process to complete and to allow the contents to cool down somewhat.
- Care should be taken when removing the contents as spilled liquids, media, etc. could splash and cause burns to the person taking the materials out.
- Place all autoclaved bags in the designated area for pickup by biohazardous waste services.
- All quality control measures and use of the autoclave must be documented and records must be kept and made available during inspections of the facilities.

For additional information regarding this guideline, please contact the Department of Environmental Health and Safety at (305) 348-2621.

USCG 909 – WATER QUALITY TESTING PROGRAM

Last Update: 03/21/06

PURPOSE

To ensure that the quality of University water supply is appropriate for the purpose intended.

SCOPE

The FIU Water Quality Testing Program applies to all water sources located at Florida International University. Quality criteria are based on the intended use and source of the water.

PROCEDURES

1. Sample Collection

Tests are performed on various water supplies according to the following criteria:

A Drinking water (fountains, etc)

Water from 5% randomly selected fountains is tested twice each year. Testing may also be performed in response to expressed concerns about a change in taste or color or when there is a reasonable expectation that there may be cause for concern.

B Lakes

Water is tested once per year in order to monitor the effect of runoff from parking lots and lawns.

C Animal Care Facility

Water is tested once per year or on request. Requests for more frequent tests must be accompanied by a requisition.

2. Analysis

Upon notification regarding concerns about the water quality, the area in question will be tagged "temporarily out-of service" (water fountains/sinks) until appropriate analysis is performed. The water samples are collected in sterile glass or plastic vials and sent to an analytical lab to be tested. The tests performed depend on known or suspected conditions of the source of the sample. Testing may include analysis for bacterial contamination (coliform), pH, nitrate, sulfate, fluoride, and chloride levels, cyanide, phenols, turbidity, filterability, and volatile organics.

3. Results

Based on analytical results, the sample source will be identified as "safe" or will continue to remain "temporarily out-of-service/under testing" pending further analysis. After determining that the sample source is safe, it is identified as such, and the appropriate personnel is notified of analytical results.

EH&S ensures that water samples are collected as scheduled appropriate analysis is performed, and corrective action is taken to ensure safe drinking and water supply for the University.

STANDARDS AND REGULATIONS

- Safe Drinking Water Act
- Florida Safe Water Drinking Act, 1977
- Water Quality Assurance Act, 1997
- Drinking Water Standards by EPA
- Surface Water Treatment Rule
- Total Coliform Rule
- Florida NPDES Rules 62-4, 62-620, 62-621, and 62-624 (F.A.C.)
- Florida Stormwater Rule 62-25, F.A.C. (Regulation of Storm Water Discharge)
- NPDES Storm Water Phase II Final Rule (64 FR 68722, December 8, 1999)
- 40 CRF 122.26 Storm Water Discharges

For additional information regarding this guideline, please contact the Department of Environmental Health and Safety at (305) 348-2621.