

**COLLEGE OF ST BENEDICT | ST JOHN'S UNIVERSITY**  
**ENVIRONMENTAL HEALTH AND SAFETY**  
**Concern checklist for new construction and renovations**

The purpose of this checklist is to assist Campus Facilities (physical plant) staff in identifying environmental health and safety concerns early in the planning process. Some of the checklist items are for notification only, while others will require significant lead time to resolve (e.g. if a permit is required). Circle Yes, No, or NA (Not Applicable) for each question. More explanation can be provided at the end or on a separate attachment.

Please return completed forms to: Environmental Health & Safety Office.

<b>Project Name:</b>			
<b>Project Number:</b>		<b>Proposed Start Date:</b>	
<b>GENERAL ISSUES</b>			
#	Issue		EHS Contact
1.	Will construction disturb more than 1 acre?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2.	Will the project cause removal of any underground petroleum storage tanks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.	Will any of the work be conducted in a flood plain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
4.	Have storm water controls (e.g. silt fences, detention basins, etc) been included in the design?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5.	Will the project increase storm water runoff and/or impervious surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6.	Will the project require an addition or modification to the storm sewer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
7.	Will there be a new underground petroleum storage tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
8.	Will there be a new above ground petroleum storage tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
9.	Will there be a new emergency generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
10.	Will there be any opening burning of vegetation or other items?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>NEW CONSTRUCTION</b>			
11.	Will there be a fossil fuel heating system >1M Btu/hr?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
12.	Will there be an incinerator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
13.	Will there be a discharge to the sanitary sewer system other than from toilets and sanitary plumbing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
14.	Will a septic system, aerobic digester, or similar waste treatment system be installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
15.	Are there any potential asbestos issues associated with connection to utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
16.	Are there any environmental issues due to previous uses of the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
17.	Will there be a new elevator with hydraulic oil reservoir?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<b>PROJECTS INVOLVING RENOVATION AND/OR DEMOLITION</b>			
18.	Is there potential for asbestos disturbances with the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
19.	Is there potential for lead-based paint issue with the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
20.	Will oil-filled electrical equipment be removed (e.g. transformers, capacitors, hydraulic systems, power supplies, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
21.	Will the project require disposal of hazardous materials (e.g. lead paint, chemicals, oil, mercury, fluorescent lamp ballasts, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
22.	Will project result in changed room numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

POST CONSTRUCTION USE OF FACILITY			
23.	Will there be bulk storage (more than 55 gallons or 100 pounds) of hazardous substances (e.g. chlorine, ammonia, sulfuric acid, petroleum products, oil, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
24.	Will there be a rinsing area for pesticide application equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
25.	Will there be any sources of air emissions (e.g. paint booth, printing press, combustion source, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
26.	Will there be any use or storage of radioactive materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
27.	Will there be any ionizing radiation devices (e.g. x-ray units, accelerators, cyclotron, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
28.	Will the project result in a new or remodeled food service operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
29.	Will fume hoods be moved, added or removed as a result of the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
30.	Will biological safety cabinets or laminar flow hoods be moved, added or removed as a result of the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
31.	Will there be any new laboratories with Biosafety Level 2, 3, or 4 rating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
32.	Will the project include the addition of a sprinkler system or fire alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA

OTHER ISSUES AND COMMENTS:

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Print name of person completing form

\_\_\_\_\_

Date

\_\_\_\_\_

Title of the person completing the form

\_\_\_\_\_

Department