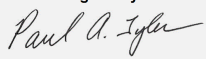


The University of Texas at San Antonio

UTSA Auditing & Consulting Services


Lab Safety Audit Report

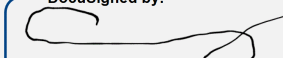
February 25, 2025


Prepared by: 
Paul A. Tyler, CIA, CFE, CRMA
Chief Audit Executive

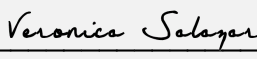
Auditors Assigned: Aaron Sanders, Internal Auditor III
Jaime Fernandez, Senior Auditor
Laura Buchhorn, Audit Director


This engagement was conducted in accordance with the Institute of Internal Auditors Global Standards for the professional practice of Internal Auditing and with Government Auditing Standards.

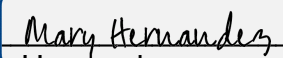
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Executive Summary

Conclusion

There are deficiencies in the review of physical access, access permissions, and authorizer permissions. These deficiencies were reported in the FY2025 Restricted Access Internal Audit report.

Past-due training on the inspection reports was resolved. Training requirements are determined by the requesting PI for inclusion in SciShield tracking.

Inspection findings were not cleared in SciShield. However, the vast majority of findings reviewed had been addressed.

Procedures for the communication of incidents to internal UTSA stakeholders were not documented. Incidents were timely communicated.

Observation Rating

Priority
High
Medium
Low
Satisfactory

Background

The Office of Research’s Laboratory Safety Division is dedicated to reducing injuries, accidents, and environmental impact and ensuring compliance through recognizing, evaluating, and controlling potential hazards arising from laboratory-related activities. Laboratory Safety provides training, laboratory evaluations, hazardous materials management, and regulatory information management. The SciShield application tracks research labs, personnel, chemicals, equipment, waste, hazards, training, and lab safety inspections. The Security Services Office under Business Affairs and Public Safety is responsible for managing physical and electronic access to lab spaces, as requested by authorized personnel. The Space Management Office under Asset Management and Real Estate and Property Management identifies and allocates research spaces based on departmental use surveys.

Audit Objectives

- Assess processes to ensure chemical and physical lab safety. Specifically,
- Determine if physical access is limited to users needing chemical and physical laboratory spaces.
 - Determine if appropriate training is completed for users of chemical and physical laboratory spaces.
 - Determine if inspection findings are communicated to Principal Investigators and resolved timely.
 - Determine if incidents are communicated timely to the appropriate stakeholders.

Scope

FY2024 Physical access, training, inspections, and incident reporting were reviewed for high-risk (hazard) laboratory spaces. Hazard levels are based on the chemical, biological, physical, or radiological hazards in the laboratory and/or the procedures carried out in the laboratory. The hazard level is determined by Laboratory Safety personnel after consultation with the principal investigator (PI) or laboratory manager/supervisor.

Observations, ratings, and planned implementation dates:

1	Asset Management records do not reflect current room usage.	2/28/2025
2	Laboratory Safety inspection findings in SciShield are not current.	12/31/2025
3	Incident reporting procedures are not documented.	12/31/2025

Audit Observations

1. Asset Management records do not reflect current room usage.

Medium

Observation	Impact	Management Action Plan
<p><u>Condition</u></p> <p>In the Asset Management records, the Port San Antonio room 112 was coded as a meeting room instead of a research/non-class laboratory room.</p> <p>During a Lab Safety inspection, rooms FLN – 4.03.30A and MS – 4.01.50A4 were coded as research rooms instead of office space rooms.</p> <p><u>Criteria</u></p> <p>The Texas Higher Education Coordinating Board (THECB) defines the types of room designations to measure usage to help maximize the efficiency of educational facilities, supporting strategic planning, and ensuring compliance with state guidelines. UTSA Asset Management uses the THECB designations for facility spaces.</p> <p><u>Cause</u></p> <p>When the Port San Antonio building was added to the UTSA inventory, the Lab Manager did not inform Asset Management of the room usage change.</p> <p>The Lab Manager of rooms FLN – 4.03.30A and MS – 4.01.50A4 did not change the classification to office space rooms through the Higher Education Survey (HES).</p>	<p>Space classification variances could result in THECB findings, inefficient space utilization, inaccurate reporting, and operational inefficiencies.</p>	<p>UTSA manages over 20,000 rooms, making it impractical to inspect every room individually. In mitigation, the State performs periodic peer review audits sampling 35 rooms. To date, UTSA has consistently performed exceptionally well in these space audits.</p> <p>The most effective way for Asset Management to gather accurate information annually is for departments to complete the Higher Education Survey (HES) survey, which is open yearly. Additionally, Asset Management encourages departments to contact them with any changes they might have throughout the year.</p> <p>Asset Management agrees with a proposal by Laboratory Safety to have Laboratory Safety review the list of labs and collaborate with the departments involved in the Higher Education Survey to ensure we are working with the most up-to-date information.</p> <p>Responsible Party: Joshua Gerken – Associate Vice President Asset Management</p> <p>Planned Implementation Date: 2/28/2025</p>

Audit Observations

2. Laboratory Safety inspection findings in SciShield are not current.			Medium
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Observation	Impact	Management Action Plan
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<p><u>Condition</u></p> <p>28 inspection findings from May 2021 – October 2024 were classified as unresolved in SchShield in the categories: 1) Facilities needing repair, 2) Chemical inventory, and 3) Chemical inventory management required. 25 inspection findings had been resolved but were not updated in SciShield.</p> <p><u>Criteria</u></p> <p>As SciShield is the system of record for reporting and tracking inspection findings, it is a best practice to ensure that resolved findings are updated and cleared.</p> <p><u>Cause</u></p> <p>The Laboratory Safety Division incurred significant staff turnover in 2021\2022, which inhibited their ability to track and update inspection findings. Further disruptions are also attributed to executive turnover in the Vice President for Research Office during that period.</p>	<p>Improper or untimely action to assess and address outstanding deficiencies in laboratory spaces may occur.</p>	<p>Laboratory Safety will review outstanding inspection items to ensure that resolved items are cleared. If the items remain outstanding, the documentation will be updated to reflect the reasons, thus improving the usability of outstanding issue reporting out of SciShield.</p> <p>Responsible Party: Anthony Vallejo, Director – Laboratory Safety</p> <p>Planned Implementation Date: 12/31/2025</p>
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Audit Observations

3. Incident reporting procedures are not documented.			Medium
Observation	Impact	Management Action Plan	
<p><u>Condition</u></p> <p>Procedures for formally communicating lab incidents (accidents, injuries, notable events) are not documented.</p> <p><u>Criteria</u></p> <p>To ensure the health and safety of students and employees, all incidents in labs should be formally documented. This ensures timely communication with internal and external parties and prompt resolution, mitigation, and oversight of issues.</p> <p><u>Cause</u></p> <p>Due to shared responsibilities and ownership by multiple departments for incident response (Laboratory Safety, Well-Being, and the Office of Health and Safety), formal procedures have not been documented to clarify inter-departmental communications.</p>	<p>The lack of communication between departments may result in incidents being addressed improperly or untimely.</p>	<p>Incident communication is being updated for reporting purposes. Lab Safety is currently piloting a Situation/Background/Assessment/Recommendations summary to provide to leadership or other stakeholders for serious incidents. Further, a new platform called Campus Optics, will be launched in the summer to include incident management and reporting for lab users</p> <p>First response information we can mirror or refer to those policies and procedures of Occupational Health/BIT/Student Wellness in a broader incident procedure with stakeholder approval.</p> <p>Management is interested in Audit facilitating a meeting with UTSA PD and Student Health Services to aid in developing procedures to ensure we provide the most accurate information.</p> <p>Responsible Party: Anthony Vallejo, Director – Laboratory Safety</p> <p>Planned Implementation Date: 12/31/2025</p>	



We conducted this engagement in accordance with the Institute of Internal Auditors Global Standards and with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Auditors communicated other, less significant issues separately in writing to university management.