University of New Hampshire

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February 13, 2025

Ms. Catherine Provencher
Chancellor
University System of New Hampshire
Farnum Hall
28 College Drive
Concord, NH 03301

RE: USNH Environmental Health and Safety Annual Report

Dear Ms. Provencher,

I am pleased to forward you the USNH Environmental Health and Safety Report for 2024. The Board of Trustees (BOT) Operation and Maintenance of Property Policy (VI.F.1.1.3) calls on the Presidents, in collaboration with the Chancellor, to establish procedures to ensure the prudent management of environmental health and safety in compliance with applicable state and federal laws. Those procedures shall include coordination with the Council on Environmental Health and Safety with representation from each component institution. These procedures shall also include, where appropriate, a mechanism for measuring compliance through appropriate means including periodic environmental audits. The Chancellor shall coordinate presentation to the Audit Committee of an annual report describing the state of the University System's environmental health and safety efforts at each institution, including the findings of any environmental audit conducted during the reporting period.

The Council prepared this Annual Report following the elements and objectives stated in the USY Administrative Board Operation and Maintenance of Property Policy (VI.F.3.3.3). The Annual Report contains a summary of compliance status for each component institution, individual campus environmental health and safety reports, and a comparison of institution-specific compliance progress spreadsheets for 2024 and 2025.

Please do not hesitate to contact me if you require any additional information.

Sincerely,

Andy Glode, UNH, and Chair

USNH Council on Environmental Health and Safety

Cc: Julie Kroupa, KSC
Katie Caron, PSU
Ashish Jain, USNH

Executive Summary

University System of New Hampshire

2025 Environmental Health and Safety Annual Report

This report details USNH Environmental Health and Safety (EHS) program activities for 2025 and presents operational data that represents EHS management efforts conducted by USNH EHS Offices and other University collaborators.

In 2025, USNH EHS staff continued to improve safety programs at USNH institutions. Activities in the report are described by the disciplinary groups responsible for the respective EHS functions at each institution and reflect individual management system plans (goals and objectives) of the campuses. All EHS activities that monitor and otherwise influence operations that present potential environmental impacts are described together. Select program updates below and described in more detail elsewhere in the report; they highlight the scope and long-term value of the environmental health and safety programs at each campus. Each of the accomplishments is the culmination of persistent efforts of professional USNH EHS staff and all involve extensive collaborations with other USNH departments and support programs.

Keene State College

The Keene State EHS Office's primary focus is employee safety and regulatory compliance. Major advancements in 2025 included a 20% reduction in fire safety inspection violations and a significant increase in employee participation in essential safety training programs. We conduct annual reviews and updates of college EHS programs and policies to ensure compliance with OSHA, DOL, NHDES, EPA, DOT, and other regulatory agencies, and use these reviews to guide training, documentation, and program administration. Building audits, project inspections, and employee engagement help identify and address program gaps. We also oversee occupational and environmental compliance related to hazardous materials and waste, laboratory safety, underground storage tanks, air quality, and fuel storage, managing these responsibilities on a project-by-project basis. In addition, EHS supports academic departments through safety training, consultation, emergency management planning, and mentorship of upper-level safety interns. Active participation in regional and national EHS professional networks ensures awareness of emerging issues and strengthens recruitment pathways for KSC safety graduates.

Plymouth State University

In 2025, Plymouth State University's Office of Environmental Health and Safety (EHS) continued to play a key role in overseeing and supporting the University's environmental health and safety compliance across campus.

The main goal was to continue to refocus efforts and resources back to EHS Office's core responsibilities. These duties include providing guidance, developing and proposing policies and practices which protect the campus, faculty, staff, and students from environmental and workplace hazards. Previous EHS resource dedication to pandemic planning resulted in some core responsibilities being deferred, the effects of which are still being addressed. In summary, because key environmental, health, and safety activities were not fully maintained for several years, rectifying the program will take time and sustained effort.

Additionally, progress toward certain goals was limited due to two primary factors. First, significant staff time was diverted to frequent and urgent mold prevention, mitigation, and response activities driven by recurring water intrusion events and substantial deferred maintenance. Second, continued reductions in Facilities staffing further constrained progress. The EHS Office at PSU relies heavily on Facilities resources to maintain regulatory compliance. Ongoing staffing reductions have made it increasingly difficult to sustain current compliance efforts and limit the capacity for program improvement.

Industry consultants will continue to be engaged, as approved, to address identified regulatory compliance and programmatic gaps, with the goal of achieving and maintaining Environmental, Health, and Safety compliance.

The Office of Environmental Health and Safety remains committed to providing, and continually improving, a healthy and safe living, learning, and working environment. It is the responsibility of the EHS office to help every individual on campus understand their role and responsibility for safety. The following report summarizes the elements and activities of this office in 2025.

University of New Hampshire

UNH Office of Environmental Health and Safety (OEHS) leads efforts at UNH-Durham, UNH-Manchester, and UNH Franklin Pierce School of Law to create, update, and implement programs that support UNH environmental health and safety needs. OEHS accomplishes its goals by delivering safety training, performing safety inspections, providing technical safety services, coordinating regulatory compliance activities, and managing hazardous materials. Notable accomplishments during 2025 include:

- Radiation Safety Program Compliance
- Methylene Chloride Safety
- Campus-Wide Mechanical Space Safety Assessment
- Chemical Delivery Tracker
- Confined Space Database
- Peroxide Forming Chemicals Management

The OEHS Laboratory Safety Program experienced significant staffing changes in 2025; the program has a new manager, promoted from within, and the specialist position was filled by a returning former employee. The laboratory safety team has proven to be productive and effective. This is evidenced by major successes such as implementation of the methylene chloride safety program and development of a chemical delivery tracker system. Additionally, program staff reorganized the peroxide forming chemical procedures, creating new safety training, testing protocol, and inventory review procedures. These accomplishments are having an immediate impact on laboratory operations and will lower risk in labs over the long term.

The occupational safety program has continued to innovate and improve safety programs. This year, personnel coordinated a comprehensive review of campus mechanical rooms, acquiring valuable data, resolving safety issues, and engaging with members of peer-led safety committees. Occupational safety staff also coordinated creation of a new confined space database – one that will help ensure safe access to these critical spaces. Finally, through continued efforts in program implementation, training, and improvements, the trend of diminishing expenses related to occupational injuries continued in 2025 which is evidence that continued efforts in occupational safety programs reduces costs and injuries.

This year the Radiation Safety Program was inspected by state regulators for compliance with state rules regarding use and storage of radioactive materials. Regulators performed a detailed review of records and inspected areas of campus with radioactive materials. Regulators found no violations, reflecting the strong commitment of OEHS, the UNH Radiation Safety Committee, and UNH researchers to the safe handling and use of radioactive materials.

University System of New Hampshire Central Offices

The University System of New Hampshire's Central Office is committed to providing and maintaining a safe environment for its employees and visitors. USNH focuses on fire and

life safety, hazardous material management, accident prevention, industrial hygiene, and safety and health training. The University System of New Hampshire Central Office complies with all required federal, state and local statutes and with USNH Policy.

USNH Component Institution Collaboration Efforts

Council member institutions continued to share information and collaborate on various EHS subjects. Discussions involved mold in campus buildings, industrial hygiene, fall protection, confined spaces, and hazardous materials abatement. Collaborations and communications help ensure component member environmental health and safety programs achieve the same high level of safety and compliance.

USNH Council on Environmental Health and Safety
2025 Annual Report
Component Institution Compliance Status

Program Elements	UNH	PSU	KSC	USNH
3.3.3.1.1 Injury and Illness Prevention				
3.3.3.1.2.1 Industrial Hygiene				
* Asbestos Abatement	🟢	🟢	🟢	⚫
* Lead Abatement	🟢	🟢	🟢	⚫
* Hearing Conservation	🟢	🟢	🟢	⚫
* Indoor Air Quality	🟢	🟢	🟡	🟢
* Personnel Exposure Monitoring for Toxic Materials	🟢	🟢	🟢	⚫
* Respiratory Protection	🟢	🟢	🟢	⚫
* Hazard Communication (GHS)	🟢	🟡	🟢	⚫
* Heat Stress	🟢	🟢	🟢	⚫
3.3.3.1.2.2 General Safety				
* Confined Space	🟢	🟢	🟢	⚫
* Fall Protection	🟢	🟡	🟡	⚫
* Ergonomic Evaluation	🟢	🟢	🟢	🟢
* Lock-Out/Tag-Out	🟢	🟡	🟢	⚫
* Accident Investigation	🟢	🟢	🟢	🟢
* Powered Industrial Trucks	🟢	🟢	🟢	⚫
* Cranes & Hoists	🟢	⚫	⚫	⚫
* Mobile Elevating Work Platform	🟢	🟢	🟢	⚫
* Bloodborne Pathogens	🟢	🟢	🟢	⚫
* Workplace Safety Inspections	🟢	🟢	🟢	🟢
3.3.3.1.2.3 Radiation Safety & Laser Safety				
* Radioactive Material License	🟢	⚫	⚫	⚫
* Radiation Safety Committee	🟢	⚫	⚫	⚫
* Radioactive Material Inventory	🟢	🟢	⚫	⚫
* Radiation Safety Manual	🟢	⚫	⚫	⚫
* User/Awareness Training	🟢	⚫	⚫	⚫
* Radiation Safety Laboratory Inspections	🟢	⚫	⚫	⚫
* Dosimetry	🟢	⚫	⚫	⚫
* Magnet Safety	🟢	⚫	⚫	⚫
* X-Ray Safety	🟢	⚫	⚫	⚫
* Radioactive Waste Management	🟢	⚫	⚫	⚫
* Laser Safety	🟢	⚫	⚫	⚫

LEGEND	
Program in place	🟢
Program undergoing review, improvement, or under development	🟡
Program not in place	🔴
Not Applicable	⚫

USNH Council on Environmental Health and Safety
2025 Annual Report
Component Institution Compliance Status

Program Elements	UNH	PSU	KSC	USNH
3.3.3.1.2.4 Occupational Health and Medicine				
* Respirator Medical Questionnaire	●	●	●	●
* Hepatitis B Vaccination	●	●	●	●
* Animal Handlers Occupational Health	●	●	●	●
3.3.3.1.2.5 Integrated Contingency Planning				
* Aboveground Storage Tank Program	●	●	●	●
* Underground Storage Tank Program	●	●	●	●
* Integrated Contingency/Spill Prevention Control and Countermeasures	●	●	●	●
3.3.3.1.2.6 Biological Safety				
* Institutional Biosafety Committee	●	●	●	●
* Biosafety Manual	●	●	●	●
* Recombinant DNA Registration	●	●	●	●
* Biosafety Laboratory Surveys	●	●	●	●
* Inventory of Infectious Material	●	●	●	●
3.3.3.1.2.7 Diving Safety				
* Diving Safety Control Board	●	●	●	●
* Diving Safety Officer	●	●	●	●
* Diving Safety Manual	●	●	●	●
3.3.3.2 Hazardous Materials & Environmental Management				
3.3.3.2.2.1 Hazardous Waste Management				
* Hazardous Waste Management Program	●	●	●	●
* EPA Identification Number	●	●	●	●
* Faculty/Staff/Student Training	●	●	●	●
* Contingency Plans for Central Accumulation Area	●	●	●	●
* Satellite Accumulation Area Inspections	●	●	●	●
* Universal Waste Management	●	●	●	●
* Biohazardous Waste Management	●	●	●	●
3.3.3.2.2.2 Hazardous Materials Inventory and Reporting				
* Chemical Environmental Mgmt System/Inventory System	●	●	●	●
* Community Right To Know/SARA Title III	●	●	●	●
* Safety Data Sheets	●	●	●	●
* Chemical Safety/Hygiene Plan	●	●	●	●
* Chemical Laboratory Inspections	●	●	●	●
* Chemical Safety Committee	●	●	●	●
* Title 5 Air Permit	●	●	●	●
* Stormwater Management Plan	●	●	●	●
* Refrigerant Management Plan	●	●	●	●
* Hazardous Materials Shipping	●	●	●	●

Keene STATE COLLEGE Wisdom to make a difference.

USNH Environmental Health and Safety Annual Report
Keene State College
Calendar Year 2025

1) One of the primary activities of the EHS Office is employee safety. This is accomplished by annual review and update of each of the college EHS programs and policies to ensure compliance with OSHA, DOL, NHDES, EPA, DOT and all other regulatory agencies. Review of these policies determines employee training needs, documentation and program administration. This is followed up by building audits, project inspections and conversations with employees to determine where the gaps are in the program that need to be attended to.
2) The other primary activity of the EHS Office is ongoing attention to occupational safety and environmental regulatory compliance programs related to hazardous materials and wastes, laboratory safety and facility issues, including underground storage tanks, air pollution and generator fuel storage tanks. This is done on a project by project basis, as current staffing levels preclude development and implementation of the Environmental Management System for these issues.
3) The EHS Office has actively supported academic departments by providing safety training and consulting services for faculty, staff and students upon request. This work includes support for development and testing of emergency management plans for specific campus units; and safety training for staff and students in all departments. In addition, the EHS Office will continue to mentor one- two upper-level safety student interns.
4) The fourth activity of the EHS program is active involvement in regional and national Environmental Health and Safety professional networks to identify and plan for emerging health and safety issues as they affect institutions of higher education. This involvement serves two purposes: providing access to peer experts for technical EHS advice and maintaining professional awareness of Keene State's presence in these groups, who are interested in hiring KSC safety majors upon graduation.

USNH Council on Environmental Health and Safety
2025 Annual Report
KSC Compliance Status

Program Elements	2024	2025
3.3.3.1.1 Injury and Illness Prevention		
3.3.3.1.2.1 Industrial Hygiene		
* Asbestos Abatement	🟢	🟢
* Lead Abatement	🟢	🟢
* Hearing Conservation	🟢	🟢
* Indoor Air Quality	🟡	🟡
* Personnel Exposure Monitoring for Toxic Materials	🟢	🟢
* Respiratory Protection	🟢	🟢
* Hazard Communication (GHS)	🟢	🟢
* Heat Stress	🟢	🟢
3.3.3.1.2.2 General Safety		
* Confined Space	🟢	🟢
* Fall Protection	🟡	🟡
* Ergonomic Evaluation	🟡	🟢
* Lock-Out/Tag -Out	🟢	🟢
* Accident Investigation	🟢	🟢
* Powered Industrial Trucks	🟡	🟢
* Cranes & Hoists	⚫	⚫
* Mobile Elevating Work Platform	🟢	🟢
* Bloodborne Pathogens	🟢	🟢
* Workplace Safety Inspections	🟢	🟢
3.3.3.1.2.3 Radiation Safety & Laser Safety		
* Radioactive Material License	⚫	⚫
* Radiation Safety Committee	⚫	⚫
* Radioactive Material Inventory	⚫	⚫
* Radiation Safety Manual	⚫	⚫
* User/Awareness Training	⚫	⚫
* Radiation Safety Laboratory Inspections	⚫	⚫
* Dosimetry	⚫	⚫
* Magnet Safety	⚫	⚫
* X-Ray Safety	⚫	⚫
* Radioactive Waste Management	⚫	⚫
* Laser Safety	⚫	⚫

LEGEND		
Program in place	🟢	🟢
Program undergoing review, improvement, or under development	🟡	🟡
Program not in place	🔴	🔴
Not Applicable	⚫	⚫

USNH Council on Environmental Health and Safety
2025 Annual Report
KSC Compliance Status

Program Elements	2024	2025
3.3.3.1.2.4 Occupational Health and Medicine		
* Respirator Medical Questionnaire	●	●
* Hepatitis B Vaccination	●	●
* Animal Handlers Occupational Health	●	●
3.3.3.1.2.5 Integrated Contingency Planning		
* Aboveground Storage Tank Program	●	●
* Underground Storage Tank Program	●	●
* Integrated Contingency/Spill Prevention Control and Countermeasures Pla	●	●
3.3.3.1.2.6 Biological Safety		
* Institutional Biosafety Committee	●	●
* Biosafety Manual	●	●
* Recombinant DNA Registration	●	●
* Biosafety Laboratory Surveys	●	●
* Inventory of Infectious Material	●	●
3.3.3.1.2.7 Diving Safety		
* Diving Safety Control Board	●	●
* Diving Safety Officer	●	●
* Diving Safety Manual	●	●
3.3.3.2 Hazardous Materials & Environmental Management		
3.3.3.2.2.1 Hazardous Waste Management		
* Hazardous Waste Management Program	●	●
* EPA Identification Number	●	●
* Faculty/Staff/Student Training	●	●
* Contingency Plans for Central Accumulation Area	●	●
* Satellite Accumulation Area Inspections	●	●
* Universal Waste Management	●	●
* Biohazardous Waste Management	●	●
3.3.3.2.2.2 Hazardous Materials Inventory and Reporting		
* Chemical Environmental Mgmt System/Inventory System	●	●
* Community Right To Know/SARA Title III	●	●
* Safety Data Sheets	●	●
* Chemical Safety/Hygiene Plan	●	●
* Chemical Laboratory Inspections	●	●
* Chemical Safety Committee	●	●
* Title 5 Air Permit	●	●
* Stormwater Management Plan	●	●
* Refrigerant Management Plan	●	●
* Hazardous Materials Shipping	●	●

2025
USNH Environmental Health and Safety Annual Report
For
Plymouth State University

EXECUTIVE SUMMARY

In 2025, Plymouth State University's Office of Environmental Health and Safety (EHS) continued to play a key role in overseeing and supporting the University's environmental health and safety compliance across campus.

The main goal was to continue to refocus efforts and resources back to EHS Office's core responsibilities. These duties include providing guidance, developing and proposing policies and practices which protect the campus, faculty, staff, and students from environmental and workplace hazards. Previous EHS resource dedication to pandemic planning resulted in some core responsibilities being deferred, the effects of which are still being addressed. In summary, because key environmental, health, and safety activities were not fully maintained for several years, rectifying the program will take time and sustained effort.

Additionally, progress toward certain goals was limited due to two primary factors. First, significant staff time was diverted to frequent and urgent mold prevention, mitigation, and response activities driven by recurring water intrusion events and substantial deferred maintenance. Second, continued reductions in Facilities staffing further constrained progress. The EHS Office at PSU relies heavily on Facilities resources to maintain regulatory compliance. Ongoing staffing reductions have made it increasingly difficult to sustain current compliance efforts and limit the capacity for program improvement.

Industry consultants will continue to be engaged, as approved, to address identified regulatory compliance and programmatic gaps, with the goal of achieving and maintaining Environmental, Health, and Safety compliance.

The Office of Environmental Health and Safety remains committed to providing, and continually improving, a healthy and safe living, learning, and working environment. It is the responsibility of the EHS office to help every individual on campus understand their role and responsibility for safety. The following report summarizes the elements and activities of this office in 2025.

It is with sincere gratitude that I take this opportunity to thank those members of the Plymouth State University community for their dedication and continued collaboration as we navigated another challenging year. We have much to look forward to with our continued teamwork as a campus and a community.

Katie Caron, Director
Office of Environmental Health & Safety
Plymouth State University

CAMPUS PROGRAM ELEMENTS

Plymouth State University's Office of Environmental Health and Safety is responsible for the development and management of the University's environmental health and safety programs. Areas of responsibility include, but are not limited to:

- Industrial Hygiene
- Workplace Environmental Health & Safety Training
- Radiation Safety
- Fire and Life Safety
- Occupational Health
- Environmental Compliance
- Risk Management
- Integrated Contingency Planning
- Biological and Chemical Safety
- Material and Waste Management/Hazardous
- Accident Prevention
- Emergency Response

PSU is committed to its compliance with all required Federal, State and Local statutes and ordinances, as well as with USNH Policy. Plymouth State University utilizes a "Traffic Light Summary" system to assist in identifying the compliance status of a number of Plymouth State University's key EHS program elements. The "Traffic Light Summary" may be found as an attachment at the end of this report.

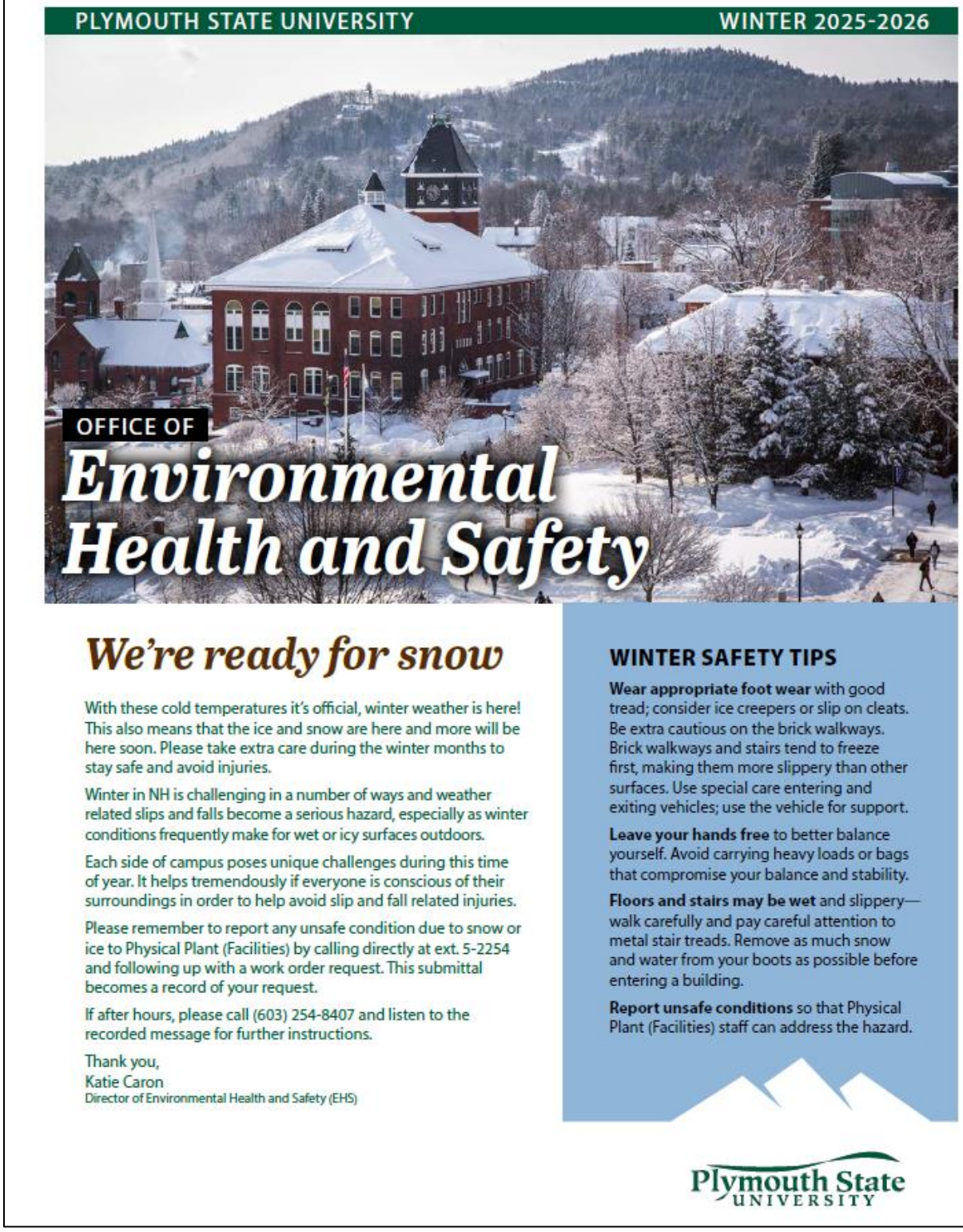
In late 2025, Plymouth State University experienced substantial organizational change, resulting from leadership transitions, budget reductions, and the restructuring of academic units into schools. Although much of this restructuring is strategically critical to the University's continued success, these changes have also created increased operational and compliance risk for the Office of Environmental Health and Safety (EHS), largely due to the loss or transition of key roles that previously supported critical safety and regulatory functions. One example of this is the transition of on-campus policing responsibilities from University Police to the Plymouth Police Department, which altered oversight and support structures related to campus safety. Another example is the departure of a faculty member who accepted the separation incentive program and had been responsible for implementing safety and environmental initiatives within PSU's science building. As a result, several responsibilities formerly managed by these positions have not yet been reassigned or permanently absorbed elsewhere within the institution, resulting in program ownership gaps.

At the same time, the Facilities Department continues to experience a sustained reduction in staffing due to turnover, retirements, budget constraints, and regional pay disparities. These limitations constrain the University's ability to respond promptly to identified hazards, maintenance needs, and corrective actions. As institutional resources continue to contract, EHS must prioritize immediate regulatory and life-safety requirements, resulting in the deferral of lower-risk but still necessary activities. Over time, this approach increases the likelihood of backlogs, reduces responsiveness, and elevated institutional risk, and inhibits the ability to complete routine and preventative maintenance as efforts are continuously responsive in nature.

CAMPUS SAFETY COMMITTEE(s)

The Campus Safety Committee serves as a central coordinating body for several areas of the University concerned with aspects of safety and security. The committee consists of representation from both Professional/Technical (PAT) and Operating (OS) staff. Previously, membership also included a representative from the Human Resources Department. During 2025 the Human Resources Department at PSU, continued to go through staffing changes and experienced turnover. Participation from Human Resources is not a compliance requirement, and the department can be contacted if consultation is needed. However, staffing has been at a shortage in this department and in the past, it has been beneficial regarding employee accident reporting and workers compensation updates. At a system level, this participation may not be as beneficial but will need to be further evaluated. Additionally, during 2025 the safety committee published a winter safety newsletter which discusses a variety of topics, including the importance of following curtailment guidelines, subscribing to the University's text alert system as well as winter safety tips. The effort and emphasis on winter safety communication continues to serve as a proactive campaign to increase knowledge and awareness relative to winter hazards. The desired outcome of this campaign is to reduce the number of slip and fall cases reported during the winter months, all of which can directly affect workers' compensation claims and cost.

The Boyd Safety Committee, created in 2015, takes its name from the Boyd Science Center. This Committee specifically focuses on safe practices in the science disciplines at PSU and seeks to meet semi-annually or on an as needed basis. This committee is not required from a compliance standpoint, but is a proactive, voluntary committee identified to address the science disciplines. Membership includes representatives from Chemistry and Biology and Environmental Science disciplines. As stated above, often, this committee meets on an "as needed" basis. This committee did not meet during calendar year 2025.



INJURY AND ILLNESS PREVENTION

WORKPLACE SAFETY & TRAINING

Comprehensive EHS training should remain a priority in 2026, not only to meet compliance requirements and internal procedural needs, but also due to the ongoing resource constraints and programmatic transitions at the University, as discussed in the Campus Program Element section

of this report. As previously noted, several areas of responsibility have not yet been reassigned or permanently absorbed elsewhere within the institution, resulting in gaps with program ownership and corresponding training gaps. Given current staffing limitations, the ability to meet all training requirements may be challenging, and critical trainings will therefore be prioritized.

Specific comments for each EHS program are listed below.

INDUSTRIAL HYGIENE

As noted in the executive summary, the EHS Office continued to face resource constraints this year due to the sustained demand for mold prevention, mitigation, and response stemming from water intrusion events. These challenges are largely attributable to the campus's aging infrastructure and significant deferred maintenance.

Each water intrusion event required prompt response to minimize health and safety risks, including mold development, related property damage, and total remediation costs. These response activities have become predominantly reactionary and time-consuming due to the condition of the campus's aging infrastructure and long-standing deferred maintenance. As a result, while most core compliance programs were maintained, some were not fully sustained. Continual improvement initiatives were delayed due to funding and staffing constraints associated with these response demands.

The following is a summary of the larger response efforts:

During calendar year 2025, the residential student apartments located in the White Mountain Student Apartment complex (WMAC) continued to require time and attention from Facilities, and the EHS Office, regarding suspect mold investigation, mold remediation, as well as water intrusion occurrences of varying degrees. These apartments have been well documented as having significant deferred maintenance concerns that need to be addressed via long term planning and funding strategies. This long-term planning, combined with strategic investments, will significantly assist in reducing reactive costs.

Also, it is important to note, that with any water intrusion event, the primary goal is to dry the impacted areas within 24–48 hours through the use of dehumidification and/or fans to *prevent* mold growth.

In addition, the university addressed moderate to significant mold remediation in a number of campus mechanical rooms. The underlying causes being an abundance of condensation and humidity resulting from significantly deferred and aging steam and mechanical infrastructure in these spaces. Many of these building systems have reached end of useful life and warrant investment to replace.

Lastly, it is important to note that the campus buildings discussed in the above section of the report are all critical buildings in regard to PSU's core mission.

The Chapel, a circa 1900 building which was purchased by PSU in 2017, also had a mold concern surface during 2023. Air sampling confirmed that mold spores were elevated in the building, specifically the basement area. Currently the building is not in use due to this concern. Ventilation and dehumidification have been increased in space while long-term corrective actions are being evaluated. This review may include an external drainage review in the future. Additionally, the building is currently being evaluated within the context of long-term campus planning.

In general, PSU continues to experience a steady increase in requests for mold investigations driven by building occupant concerns, aging infrastructure, and ongoing water intrusion issues that contribute to campus-wide risk. As noted in the Executive Summary, and throughout this report, responses related to mold remediation, mitigation, and water infiltration, aimed at preventing mold growth, consumed a significant portion of EHS Office resources in 2025.

Asbestos Abatement

During 2025, four (4) campus buildings required abatement efforts varying in scope.

WORKERS COMPENSATION AND CLAIMS MANAGEMENT

When reporting on case totals, it is important to note the distinction between the types of claims included in this total. There are four criteria/distinctions considered when reporting total number of cases. The first distinction identifies "report only" claims and includes claims which are reported only and do not result in medical treatment or time away from work. The second distinction identifies "medical treatment only." These types of claims result in medical treatment, but the injury does not result in lost time or days away from work. The third distinction identifies claims resulting in lost time away from work that may or may not result in medical treatment.

During calendar year 2025, the data illustrates a significant decrease in the number of overall cases, as well as a decrease in workers' compensation costs. The significant decrease in cases leads to a concern (that should be looked into further) regarding whether there is, or is not, under-reporting of incidents and/or if a process or system improvement is needed. A process change occurred regarding the submittal of the First Report of Injury Form (employee accident reporting). This new process involves individuals and/or supervisors to send the First Report of Injury Forms to the local (PSU) Human Resources Department (this portion is not new). PSU HR then submits a ticket in TeamDynamix under a Workers' Compensation selection. After the ticket is created, the USNH-HR system office takes over the process. The EHS office is concerned that this process is not working as intended, including the concern that this removes an important human element in parts of the process, all of which requires more investigation. In summary, it is very likely that the reporting of 2025 data is not an accurate representation of PSU's workers' compensation data. This includes all forms of reporting which include report only cases, medical cases and cases resulting in lost time away from work (all defined within this section).

In 2025, the number of total workers' compensation claims reported totaled three (3) cases. Out of those three (3) cases, all three classified as medical treatment only. This information was gathered via a loss/run report from MEMIC, PSU's workers' compensation company. **Please refer to the notes above regarding reporting and process concerns.*

In 2024, total workers' compensation claims reported for PSU totaled nineteen (19) cases and yielded $8,792 in workers compensation costs. Out of those nineteen (19) cases, there were nine (9) medical cases reported, while the remaining ten (10) were report only cases. There were no lost time cases reported.

From a data trending perspective, in 2023 the number of workers compensation claims were significantly less than prior years. However, it is important to note that workers' compensation and claims management is a multifaceted metric of performance. Additionally, the full spectrum of a claim, including total costs, can span over the course of multiple years (both calendar and

fiscal). Calendar year 2023's winter was also on the milder side which tends to reduce the number of slip and fall incidents that occur during the winter months.

In 2023, total workers' compensation claims reported for PSU totaled six (6) cases and yielded $0 in expenses.* Out of those six (6) cases, there was one (1) medical case reported, while the remaining five (5) were report only cases. As stated, in 2023, the number of workers compensation claims were significantly less than prior years.

** In 2023, at the time of the report submission for the 2023 data medical costs had not yet been billed. This was noted in previous reports.*

The following paragraphs discuss historical data and trends over the last six years. Calendar year 2025 has intentionally been left out of the trending analysis. **Please refer to comments regarding accuracy and process noted in this section of the report, paragraph two (2).*

In previous annual reports, data trending is typically discussed for a period of five years. PSU chose to include an additional year, providing some context due to the COVID-19 pandemic and its effect on data trending (i.e. more employees working from home, likely attributing to lower than average workers compensation data). The first paragraph discusses the total number of cases as well as medical cases, while the second paragraph below discusses cases that resulted in lost time or days away from work.

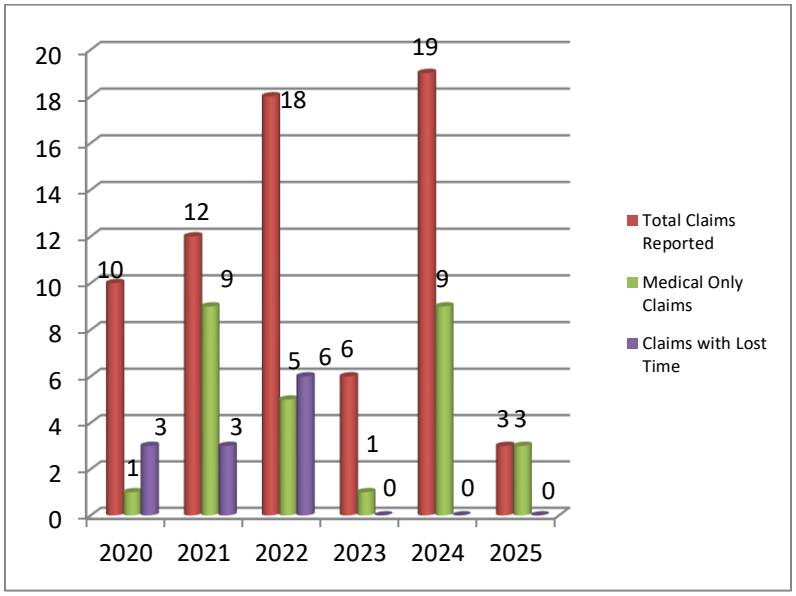
Trending Summary – Total Number of Cases

As stated above, the total number of cases for 2024 totaled nineteen (19). In 2023, there was a total of six (6) cases. In 2022, there were a total of eighteen (18) cases which yielded expenses totaling $316,675 for the calendar year. Case totals decreased from 2022 to 2023 by a total of twelve (12) cases. Case totals increased during 2022 by six (6) cases from the previous year (2021), this includes cases that are determined report only, please refer to definitions above. Medical cases decreased by four (4) cases during the same timeframe (2022). In 2020, total cases resulting in medical treatment came in at a total of (1) case. 2019 and 2018 were identical with a total of thirteen (13) cases resulting in medical treatment. From a data trending perspective, both calendar years 2020 and 2021 saw a fairly significant decrease in the total number of cases (by about half). 2023 also saw a decrease. This is likely due to the impacts of COVID-19 and the transition to remote work plans as part of the University's pandemic response planning. During 2020, and through the summer of 2021, non-essential employees were encouraged, particularly during the peak of the pandemic, to work remotely while students were not living, learning, or working on campus. In calendar year 2020, PSU strategically ended the fall semester at the end of November in anticipation of COVID-19 peak transmission (2020 peak) in the state of NH. As indicated above, during this time many non-essential employees were working remotely until mid to late January of 2021. This coincides with peak slip and fall season related to winter weather, which likely accounts for a portion of the decrease in workers compensation claims in calendar year 2020.

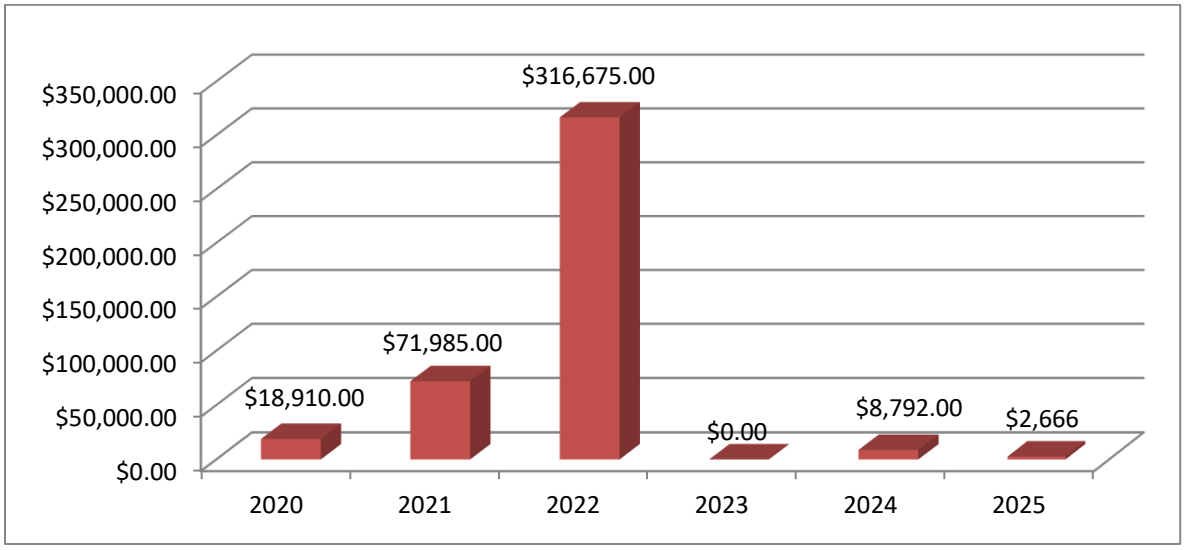
Trending Summary – Lost Time or Days Away from Work

The total number of claims that resulted in lost time or days away from work decreased from previous years during calendar year 2023 resulting in zero (0) cases. As stated, 2024 also resulted in zero (0) medical cases. 2022 resulted in a total of six (6) cases while 2021 had resulted in (3) cases. Additionally, to provide some additional historical context, 2020 resulted in (3) cases, 2019 (11) cases, and (9) cases in 2018**.** The charts shown on the following pages illustrate this information and also provide a comparison of the total number of cases for the past six (6) calendar years as well as total costs incurred each year.

Worker Compensation Claim Count



Worker Compensation Costs by Calendar Year



In 2023, at the time of the report submission for the 2023 data (written in early 2024), 2023 medical costs had not yet been billed. This was noted in previous reports.

Trending Summary – Medical Only

During 2024 there were nine (9) medical cases, 2023 resulted in one (1) medical case resulting from an employee falling off a low style bench while seated. The employee was scooting their body and fell off of the bench, which resulted in the employee hitting their head.

For calendar year 2022, the majority of PSU claims were slip, trip and fall related. During calendar year 2021, the majority of PSU claims did not indicate a clear trend. Prior to 2021, the majority of workers' compensation costs resided in the slips, trips and falls category.

The injury leading to the highest workers' compensation claim during calendar year 2022 was a slip and fall that occurred inside down a flight of stairs. The accident report stated that the employee lost their footing. This claim resulted in $99,590 in workers' compensation costs in 2022. The second leading injury regarding workers' compensation costs was a slip that occurred outside on a sidewalk during the winter months, resulting in a knee injury which required surgery. This claim resulted in $78,583 during calendar year 2022.

To provide some additional historical trending information, the injury leading to the highest workers' compensation claim during calendar year 2021 resulted in a total cost of $58,286. This case accounted for approximately 80% of the total expense associated with workers' compensation claims for the year. The injury was sustained while moving a couch (furniture) to vacuum underneath it. The employee's shoulder was injured during this task.

Reviewing the workers' compensation costs from 2019 to 2024, illustrated in the above-noted chart, 2021 and 2022 stand out as higher than average years relative to trends with 2022 being the highest (injury and cost referenced above). In 2021 a shoulder related injury, as noted, accounted for $58,286 out of the total $71,985 in workers compensation costs.

Please note that workers' compensation case numbers, as well as costs, are essentially a snapshot in time when reported in this format. It is possible that after a year is closed out, a case reported in a previous year has an additional cost associated that is added after this reporting takes place.

The EHS office and the Human Resources office continue to work together with PSU's workers' compensation insurance carrier, to investigate employee accidents and manage claims. However, as a result of the centralization of the Human Resources functions within the university system, communication and processes need to be clarified. MEMIC continued as the workers compensation carrier for USNH during calendar year 2025.

The Office of Environmental Health and Safety, along with the Safety committee, continues to encourage all faculty and staff to report hazards so they can be quickly addressed. As always, the Facility Services Grounds Department and Building Service Workers respond quickly to any reports of hazards in an effort to address concerns and/or potential for injury. Accidents involving visitors and students continue to be reviewed by the EHS office, and investigated, as necessary. Parties to campus investigations include, as applicable, the Office of Environmental Health and Safety, Human Resources, the affected employee or student, and their respective managers and/or faculty as needed.

The EHS office continues to conduct ergonomic evaluations as necessary or requested throughout the year. These evaluations typically result in changes to improve workspaces and ultimately alleviate existing medical issues or to help mitigate the potential for future concerns for an individual.

In addition, the EHS office also serves as a liaison with the coordination of campus facility ADA needs.

During 2025 the were no specific ADA projects completed.

Residential facilities reported, and the EHS office responded to, occasional reports of bed bugs in residential facilities during 2025. The EHS office, Facilities Services, and Residential Life continue to work closely in prevention and response efforts to these reports. During calendar year 2025, all reports of bed bug problems were acted upon immediately, and investigations revealed

no confirmation of bed bugs. The EHS Office also collaborates with the Facilities Department on pest-related issues and concerns beyond bed bugs.

Fall Protection

Fall protection continues to be a priority for Plymouth State University's Office of Environmental Health and Safety. In 2018, a written fall protection and roof safety standard operating procedure was completed. The full scope of this project is exceptionally complex, requiring a full survey of facility roofs and the identification of intended fall hazard mitigation strategies. Strategy considerations included the installation of anchor points, railings, as well as various other means to mitigate fall potential. The Office of Environmental Health and Safety continues to partner with Facility Services to develop and modify a strategic implementation plan in coordination with campus improvement projects. This plan identifies cost, need, risk and a proposed implementation schedule. Applicable campus projects incorporate this fall protection strategy during the architectural phase of planning. An example of one of these projects took place in 2025. A roof replacement project was scheduled for Lamson Library. This roof replacement project provided a great opportunity to work with Facilities to greatly improve rooftop safety, with the installation of safety rails. Lamson Library is the third building in three (3) years to have railings installed as a part of this safety initiative. The Facilities Department and Campus Project Manager, were instrumental in the development and implementation of this project. Plymouth State University leadership approvals relative to project implementation, and desired outcome for mitigation, are required/needed for these types of projects.

Confined Space

During calendar year 2025, the EHS office continued to implement the existing confined space program. This program includes proper issuance of the confined space permit and/or alternative entry certificate as needed. PSU's internal reporting procedures involve regular communication with the Plymouth Fire Department. Permits are reviewed and/or completed by the EHS office. Training was given to plumbing staff, as well as applicable employees within Physical Plant. In 2025, a south campus steam loop project was completed. As a part of this project, a new steam vault was installed. This new steam vault has valve risers that can be operated from grade, eliminating the need to enter the vault in order to shutdown steam. This is an extremely significant improvement to the confined space and associated hazards in the portion of campus positively impacted by this project. As with the fall protection section of this report, the Facilities Department and Campus Project Manager were instrumental in the development and implementation of this project. Plymouth State University leadership approvals relative to project implementation and desired outcome for mitigation are required/needed for these types of projects

Lockout Tagout

The Control of Hazardous Energy Lockout/Tagout (LOTO) standard, established by OSHA, outlines the proper shut down and isolation procedures required prior to conducting any servicing or maintenance activities. The goal of this program is to securely de-energize a piece of equipment prior to conducting work and to prevent the equipment from being re-started while the maintenance or service activity is in progress. PSU has a written LOTO program which underwent extensive review in 2017. PSU continues to operate via the written program. However, this program should be one of the programs reviewed by the third-party consultant.

Powered Industrial Trucks

Governance in the use of powered industrial trucks regulated by the OSHA Powered Industrial Truck Standard, 29 CFR 1910.178, outlines specific operating procedures, training requirements and inspections. PSU has one powered industrial truck, a forklift, in the Facility Services Department. PSU has a written procedure specific to industrial truck usage and the completion of authorized user training is required prior to operating the forklift, and then once every three (3) years thereafter. This three (3) year training was completed during 2024. Aerial lift training (scissor lift training) also took place during this time. The next formal training course will be scheduled for 2027.

Cranes and Hoists

PSU does not currently own or utilize any cranes or hoists on campus.

RADIATION SAFETY

Radiation Safety has limited applicability at PSU, due to a relative lack of radioactive material.

The PSU Chemistry program acquired an Electron Capture Detector (ECD) during 2017. This device improves the chemical analytical capabilities of the program and is an important teaching tool. This device contains a relatively low activity Nickel 63 (Ni^{63}) source. The ECD requires an annual wipe test to confirm that no leakage from the device is taking place. Previously, PSU has utilized the wipe test procedure and conducted this test in place and has previously consulted with the full-time Radiation Safety Officer at UNH to ensure that proper procedures are being followed. This was not completed during 2025 as the instrument has not been used. The faculty member who was responsible for this instrument left the university during 2025. A plan to either complete the swipe test, properly decommission, or sell the instrument, should take place during 2026.

FIRE PROTECTION

The EHS office worked with Facilities Staff, as well as Residential Life Staff to ensure that fire and life safety equipment and programs were maintained during 2025. Efforts continue, in partnership with the State Fire Marshall's office, to continue to conduct annual fire and life safety inspections of all campus buildings. Inspections are conducted in tandem with the State Fire Marshall's office, and the Facilities Department. Local fire departments are also invited to these inspections and attend when time and resources allow. The EHS or Facilities office maintains copies of all inspection reports, assembly permits, and certificates of occupancy.

Fire drills are typically conducted each fall in all Residence Halls and Student Apartments. During calendar year 2025 these fire drills were conducted as planned.

State Fire Marshall Office (SFMO) Life Safety Inspections

During calendar year 2025, PSU continued to perform life safety inspections of all campus buildings with the SFMO. Increased life safety inspections continue to help to ensure that PSU meets life safety requirements and increases safety and compliance as a result. However, these inspections have also continued to require a dedicated resource from the Facilities Department to be assigned to oversee and manage the inspections themselves, as well as the corrective actions. This dedicated resource works closely with the EHS office as needed.

Fire Marshal Approval-Projects

The EHS office continues to work alongside management teams within the Facility Services Department during campus project planning and execution. This allows for input in areas such as fire, life safety, as well as compliance with the Americans with Disabilities Act (ADA). Notable projects in 2025, included but were not limited to:

Building Name	Project Completed
WMAC Apartments: Tecumseh, Passaconoway, Cannon. Belknap and Pemigewasset Residence Halls.	Replaced five (5) Federal Pacific electrical panels. Federal Pacific electrical panels are known to be high risk for failure and significant fire hazards.
Lamson Library	Roof replacement, including safety rails, line, and ladders.
South Campus Steam Loop	A new steam vault was installed. This new steam vault has valve risers that can be operated from grade. Eliminating the need to enter the vault to shutdown steam.

Fire/Life Safety Communication

Plymouth State University (PSU) continues fire alarm communication with the use of radio boxes. In the event of any fire alarm activation, these radio boxes will notify Lakes Region Mutual Aid and the Plymouth Fire Department will be dispatched. The system completes a self-test daily.

During January of 2015 Plymouth State University received notification from the Plymouth Fire Department that the antenna tower located on Belknap Mountain collapsed and sustained significant storm damage. This antenna's job included sending a radio signal to Lakes Region Mutual Aid, who then notified the fire department with each fire alarm activation. The antenna was temporarily relocated in an effort to ensure continued service, not only for PSU, but for other Lakes Region Mutual Aid customers.

All Plymouth State University radio boxes transmit their signals to a piece of equipment located at the Plymouth Fire Department. This unit calls Property Protection Management via cell phone who then dispatches Plymouth Fire Department for emergency response. There was no change to this protocol during calendar year 2025.

Plymouth State University continues to monitor and maintain the carbon monoxide detection devices required in some residential areas. At Plymouth State University (PSU), these residential areas are those that have propane fired clothes dryers. These devices were installed in 2012 and continue to be connected to each building's fire alarm system. In the event of any carbon monoxide detection, the alarm will sound within the building and the Plymouth Fire Department will be dispatched.

OCCUPATIONAL HEALTH AND MEDICINE

Due to leadership and academic transitions at the University, compliance with this requirement could not be confirmed prior to report submission. A review will be undertaken in 2026, to clarify ownership and ensure compliance. This review will also evaluate which campus departments should participate in the program.

The Hepatitis B vaccination program must be offered to applicable employees via OSHA's Blood Borne Pathogen's standard. Plymouth State University will utilize the declination form as a way to document employees who decide to opt out of the vaccination program. Blood Borne Pathogens training continues to be conducted on an annual basis.

INTEGRATED CONTINGENCY PLANNING

Above Ground Storage Tanks & Spill Control & Countermeasure Plan

The PSU main campus has 30 petroleum containers, including: (1) 2,500 gallon oil tank, six (6) diesel generators, a diesel generator day tank and fire pump, two (2) drum storage areas as well as nineteen small ASTs used for on-premises heating. All of these above ground storage tanks or oil storage areas are regulated and registered with NHDES. Additionally, PSU has a co-generation facility with three larger tanks that currently hold #2 fuel oil. The campus currently maintains two spill control and countermeasure (SPCC) plans. One for the main campus and one for the co-generation plant. All written SPCC plans require re-certification, typically by an engineer, once every five years.

Both the campus, and the Co-Generation Plant's SPCC plans, are currently being reviewed by a 3rd party consultant, with the ability to recertify via an engineering stamp. The goal of this review and recertification is to make continuous improvements to the plan as well as meet the campus's recertification requirements.

During 2025, three (3) internal tank inspections were completed at PSU's Co-Generation Plant. These three (3) tanks represent the largest oil storage on campus. Internal inspections of large aboveground storage tanks are required every ten (10) years to verify structural integrity, prevent releases that could impact human health and the environment, and ensure compliance with applicable regulatory and industry standards.

Due to staffing constraints, full completion of all required inspections was not achieved during the reporting period.

Underground Storage Tank Program

Class A and B operators are required to complete UST training on a biennial basis, which was successfully completed in 2024. To maintain regulatory compliance, this training must be completed again in 2026. The course is provided by the NHDES UST program.

In June of 2025, PSU successfully completed the scheduled three-year inspection of its underground storage tank program. Two minor items were identified and promptly resolved on-site, with no further documentation required and no penalties assessed. The inspection was completed efficiently and the program is in full compliance with regulatory requirements.

BIOLOGICAL SAFETY

PSU has one Biosafety Level 2 (BSL2) facility in Boyd Science Center, which actively conducts teaching and research using bacteria falling under the BSL2 federal classification category (these would include potential human bacterial pathogens).

During 2019, a formal Institutional Biosafety Committee (IBC) was created by PSU's Biological Safety Officer as well as the EHS office. The creation of a formal IBC was a priority for both the EHS office and the Biological Safety Officer, Dr. Mike Son. Previously, there had been an informal committee in place to manage compliance requirements while a formal committee was being assembled. To become a formal IBC, there is a specific committee membership required to meet the National Institutes of Health (NIH) guidelines. Part of this membership includes two members of the local community. These individuals are to represent the interests of the community and surrounding areas, with respect to the environment and public health. Currently, the IBC is undergoing a re-establishment of its members, particularly the community members, as the community membership is vacant. Therefore, at this time, we only have an informal committee until these roles can be filled, which will attempt to be filled during 2026.

The purpose of the IBC as a whole, is to ensure that any lab conducting research with, or planning to conduct research with, biological organisms (i.e. animals, plants, bacteria, fungi, and viruses) or parts thereof (i.e. genetic materials (DNA/RNA) or proteins) is conducting such research in accordance with guidelines set forth by both State and Federal legislation. The PSU IBC is currently overseen by PSU's Biological Safety Officer, as well as the EHS office. The informal IBC will hold meeting(s) as needed and required. It is anticipated this committee will meet on a semiannual to annual basis. This requirement will be reassessed during 2025, so a plan is put in place for calendar year 2026.

Additionally, since completion of the BSL2 facility, the lab space has been used to conduct both research activities and course related lab work across two different disciplines – Biological Sciences (also serving other departments to satisfy student interests) and Nursing. All research activities have been conducted in accordance with federally funded grants and have led to several milestones. These milestones include federally funded research activities from July 1, 2013 to present. Research by the graduate and undergraduate students has led to four peer-reviewed publications (most recently in 2021) and two book chapters (primarily contributed by the former undergraduate turned graduate students), in addition to numerous public presentations (>50 student presentations), both in poster and oral form, by the primary faculty member, and his students.

With the expansion and increased enrollment of students in the Nursing program (doubling in size by AY26/27), the importance of the IBC and proper training of the students is becoming more important. Additionally, with the shift of faculty (senior experienced tenured/tenure-track faculty departing and new teaching lecturers/professors of practice onboarding), annual review and constant monitoring of the faculty, students, and lab activities is becoming more apparent to remain in local and federal compliance.

Initial safety, both personal and environmental, are constantly considered and are strictly enforced through Plymouth's current working standard operating procedures, especially with the new students for lab associated classes each semester and undergraduate research. These procedures are typically reviewed annually and modified, if necessary, by the IBC to remain compliant with State and Federal regulations. Updated research safety protocols for students conducting lab course work and undergraduate research, including summer research activities, have since been implemented. These new safety protocols include off-hours research activities and safety responses to emergencies. This will be reassessed with a target date assigned during 2026.

Training for all authorized personnel is conducted on a yearly basis, through the CITI training program for which PSU has registered and is in compliance. This CITI training program is currently monitored/overseen by the Office of Sponsored Programs. In addition, faculty are asked to continue to practice annual training within each lab, as well as ensuring students and personnel

are also trained through the safety program established by the Geisel School of Medicine at Dartmouth College, via the NH-INBRE (New Hampshire IDeA (Institutional Development Award) Network for Biomedical Research Excellence).

In addition to the ongoing research activities, approximately 90 students per academic year, are trained in the basics of microbiology and research (up to 30 students in fall under the Biology major, and up to 60 students in spring under the Nursing program). At the start of each semester, students are introduced to the safety regulations and restrictions of working in a BSL2 facility, raising public awareness of both State and Federal regulations, but also of the importance of basic research ongoing at PSU.

DIVING SAFETY

Diving safety was listed as "not applicable" in the compliance status "Traffic Light" summary in the 2017 EHS Report as PSU no longer offers archeology classes involving diving. This continues to apply for 2025. The only diving activities associated with PSU are four SCUBA classes that are offered annually as part of Physical Education offerings, two classes in the spring semester, two classes in the fall semester. These are taught by an adjunct instructor who owns a local dive shop. Classes follow protocol set by the SSI (SCUBA Schools International) a worldwide diver certification agency.

HAZARDOUS MATERIALS/ENVIRONMENTAL MANAGEMENT

Hazardous Waste Management

The EHS office oversees all hazardous waste activity on campus, including removal. Currently both the Plymouth and Holderness campuses are considered very small quantity-extended generators (SQG) of hazardous waste. Each site has its own separate EPA site number.
The micro scale techniques used in the Boyd Science building continue, resulting in very small waste streams for most programs. However, if research grants increase and/or university initiatives develop, it is possible that hazardous waste streams will increase. During 2025, the EHS office continued to work with the Science and Art disciplines to ensure all waste streams are handled properly. During 2025, the NH Department of Environmental Services (NHDES) updated portions of its hazardous waste regulations. Part of that regulatory update included generator classifications, NHDES aligning with EPA's generator status definitions. These regulatory changes do not affect PSU's programs with the exception of generator classification transitioning from small quantity generator (SQG) to very small quantity generator (VSQG).

During 2025, the EHS Director maintained her certification as a Hazardous Waste Coordinator. The purpose of this training is to ensure those who generate hazardous waste are knowledgeable about the rules and regulations regarding hazardous waste management, including NH specific hazardous waste rules. This training is not required for Plymouth State University due to their SQG status. However, although not required for an SQG, this training ensures that the hazardous waste coordinator stays up to speed on current regulations, as well as any new or updated regulatory changes with the NH Department of Environmental Services (NHDES) as well as the Environmental Protection Agency (EPA). PSU historically conducted weekly inspections of accumulation areas. These inspections were conducted by faculty and staff. Due to the COVID-19 pandemic, staff turnover, and competing priorities, these did not occur in 2020 through 2024. Due to staffing resources, the EHS office was not able to return to completing these inspections.

It is the goal to reinstate these inspections once resources allow. Again, although not required, they are proactive and aid in compliance.

The University continues to utilize Clean Harbors for hazardous materials and waste disposal. Clean Harbors provided guidance in assessing potential hazards and aided in regulatory compliance regarding hazardous waste on campus.

The hazardous waste program is a priority program for review.

HAZARDOUS MATERIALS INVENTORY AND REPORTING

Chemical Environmental Management System (CEMS)

UNH (developer of the CEMS system) continues to host and maintain the software and data for Plymouth State University. A continued partnership and extended service agreement for the CEMS system is in place between institutions allowing PSU to gain improved compliance reporting capabilities. Automatic updates managed by UNH via the service agreement ensures up-to-date software tools. Plymouth State's Office of Environmental Health and Safety department relies heavily on specific campus liaisons (Art and Science disciplines) to continue to maintain their portion of the inventory.

The EHS office continues to monitor the volume and use of numerous chemicals on the US. Department of Homeland Security's (US DHS) "Chemicals of Interest" list. If on-hand amounts exceed pre-set limits, PSU is required to notify US DHS within a specific timeframe.

Given the complexity of the CEMS system, and the associated compliance requirements involved with storing chemicals, inventory verification is a priority initiative for the Office of Environmental Health and Safety. Phase I of a multi-phase strategic plan involving PSU's CEMS system includes the verification and the development of a detailed inventory of all campus buildings which store and use regulated chemicals. Phase I had been identified as a priority goal for the department. Efforts to undertake Phase I began during calendar year 2023. However, during 2024 and 2025, due to budgetary constraints and completing priorities, this initiative was put on hold. The goal is to revisit this during calendar year 2026 and create a plan, in a phased approach, as noted above. However, with that said, given current staffing and budget constraints, achieving this goal may not be feasible and will need to be reassessed and approved by administration.

Previously, meetings with a third-party contractor, as well as obtaining a quote for the work had been completed. In order to continue to move forward with this initiative, a new quote needs to be requested. Efforts will focus on identifying areas which use and store the largest quantities of chemicals. Equal attention will focus on storage of regulated chemicals despite quantity. Primary buildings include the Boyd Science Center and its related laboratories, the Draper and Maynard art building, as well as the Silver Center for the Arts theatre building. PSU's transition from Academic Units to Schools will also be reviewed during this process. Although not an exhaustive list of buildings needing review, the priority will be to inventory the buildings with the heaviest usage and storage of regulated chemicals. Future phases of the plan include compliance and governance relative to all campus safety data sheets (SDS). Oversight and management of the CEMS system requires significant resources both physical and financial in nature. The implementation of Phase I as well as future phases of this initiative will require additional leadership discussions and possible approvals to ensure the appropriate resources are in place to complete the goals as outlined.

Air Quality, State Permit to Operate

PSU currently operates air pollutant-emitting equipment under a State Permit to Operate, which covers our three Co-Generation Plant boilers, and nine emergency generators located throughout campus. The Permit to Operate was originally issued in March 2019 and was successfully renewed in December 2024 following a compliance inspection. The current permit is valid for five years, with the current permit set to expire on March 31, 2029. No changes to the program occurred during 2025.

Additionally, as part of the annual air permit requirements, PSU quantifies emissions from each device and submits the associated fee to the New Hampshire Department of Environmental Services based on total campus emissions. This process was completed on schedule, in full compliance with the 2025 regulatory deadline.

Emergency Planning & Community Right-to-Know

The Emergency Planning and Community Right to Know Act (EPCRA), is a statute designed to improve community access to information about chemical hazards, and to facilitate the development of chemical emergency response plans by the State of NH and local government. As part of this statue, Plymouth State University is required to complete an annual TIER II Report by March 1st of each calendar year. This report requires a submittal to the State of NH, as well as to state and local emergency planning committees (SERCs & LEPCs) including the town of Plymouth and Holderness fire departments. This report has been completed for 2025 as required.

For reporting year 2024 (submitted in 2025), the table below summarizes the TIER II reporting for the campus over threshold quantities:

Substance	Threshold (pounds)	RY2024 Max Storage (lbs)	RY2024 Average Storage (lbs)	RY2024 Max Container (lbs)
Batteries	10,000	12,875	12,875	3,540
Sulfuric Acid (Batteries)	500	2,575	2,575	708
Diesel	10,000	13,826	10,370	3,649
#2 Fuel Oil	10,000	513,074	384,806	153,466
Glycol	10,000	70,554	70,554	69,200
Hydraulic Oil (Elevators)	10,000	25,046	25,046	2,531
Compressed Nat. Gas	10,000	48,000	36,000	24,000
Propane	10,000	68,842	51,632	4,200
Salt	10,000	199,420	99,710	199,420
Sand	10,000	81,000	40,500	81,000
Sulfuric Acid	500	80	80	17
Transformer Oil	10,000	50,252	50,252	3,663
Waste Ammonia (2)	500	25,163	25,163	25,147
Wood Pellets	10,000	127,400	74,867	127,400
CEMS Inventory	Varies	All Below Reporting Thresholds	All Below Reporting Thresholds	All Below Reporting Thresholds
Biofuel (3)	10,000	0	0	0

MECHANISMS FOR COMPLIANCE

PSU utilizes several mechanisms to ensure it meets all state and federal requirements, including the requirements mentioned in this report. Methods include, but are not limited to, publications and membership in professional organizations such as the American Society of Safety Engineers (ASSE), Campus Safety, Health, and Environmental Management Association (CSHEMA), and the Association of Physical Plant Administrators (A.P.P.A.). Formal training and internal procedures are also utilized to ensure compliance. Regular inspections conducted by local fire departments and the State Fire Marshal's office, combined with regular communication with state and federal agencies over various matters, also keeps the EHS office up to date on any new or upcoming requirements. Efforts to determine which publication will be best suited to support department efforts this coming year will be reviewed, and subscriptions will be renewed accordingly.

Lastly, the Office of Environmental, Health and Safety was left with an unbudgeted staffing vacancy in May of 2020. As noted in last year's report, the position was under review for inclusion in the FY2025 budget, with the initial intent to proceed with recruitment. However, due to budgetary constraints and funding reallocation, the position was not filled. Current staffing and resource constraints present ongoing challenges to maintaining full compliance.

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Program Elements	2024	2025
3.3.3.1.1 Injury and Illness Prevention		
3.3.3.1.2.1 Industrial Hygiene		
* Asbestos Abatement	🟢	🟢
* Lead Abatement	🟢	🟢
* Hearing Conservation	🟢	🟢
* Indoor Air Quality	🟢	🟢
* Personnel Exposure Monitoring for Toxic Materials	🟢	🟢
* Respiratory Protection	🟢	🟢
* Hazard Communication (GHS)	🟢	🟡
* Heat Stress	🟢	🟢
3.3.3.1.2.2 General Safety		
* Confined Space	🟢	🟢
* Fall Protection	🟢	🟡
* Ergonomic Evaluation	🟢	🟢
* Lock-Out/Tag -Out	🟡	🟡
* Accident Investigation	🟢	🟢
* Powered Industrial Trucks	🟢	🟢
* Cranes & Hoists	⚫	⚫
* Mobile Elevating Work Platform	🟢	🟢
* Bloodborne Pathogens	🟢	🟢
* Workplace Safety Inspections	🟢	🟢
3.3.3.1.2.3 Radiation Safety & Laser Safety		
* Radioactive Material License	⚫	⚫
* Radiation Safety Committee	⚫	⚫
* Radioactive Material Inventory	🟢	🟢
* Radiation Safety Manual	⚫	⚫
* User/Awareness Training	⚫	⚫
* Radiation Safety Laboratory Inspections	⚫	⚫
* Dosimetry	⚫	⚫
* Magnet Safety	⚫	⚫
* X-Ray Safety	⚫	⚫
* Radioactive Waste Management	⚫	⚫
* Laser Safety	⚫	⚫

LEGEND	
Program in place	🟢
Program undergoing review, improvement, or under development	🟡
Program not in place	🔴
Not Applicable	⚫

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PSU Compliance Status

Program Elements	2024	2025
3.3.3.1.2.4 Occupational Health and Medicine		
* Respirator Medical Questionnaire		
* Hepatitis B Vaccination		
* Animal Handlers Occupational Health		
3.3.3.1.2.5 Integrated Contingency Planning		
* Aboveground Storage Tank Program		
* Underground Storage Tank Program		
* Integrated Contingency/Spill Prevention Control and Countermeasures Plan		
3.3.3.1.2.6 Biological Safety		
* Institutional Biosafety Committee		
* Biosafety Manual		
* Recombinant DNA Registration		
* Biosafety Laboratory Surveys		
* Inventory of Infectious Material		
3.3.3.1.2.7 Diving Safety		
* Diving Safety Control Board		
* Diving Safety Officer		
* Diving Safety Manual		
3.3.3.2 Hazardous Materials & Environmental Management		
3.3.3.2.2.1 Hazardous Waste Management		
* Hazardous Waste Management Program		
* EPA Identification Number		
* Faculty/Staff/Student Training		
* Contingency Plans for Central Accumulation Area		
* Satellite Accumulation Area Inspections		
* Universal Waste Management		
* Biohazardous Waste Management		
3.3.3.2.2.2 Hazardous Materials Inventory and Reporting		
* Chemical Environmental Mgmt System/Inventory System		
* Community Right To Know/SARA Title III		
* Safety Data Sheets		
* Chemical Safety/Hygiene Plan		
* Chemical Laboratory Inspections		
* Chemical Safety Committee		
* Title 5 Air Permit		
* Stormwater Management Plan		
* Refrigerant Management Plan		
* Hazardous Materials Shipping		

University of New Hampshire

2025 Annual Report

UNH

Environmental Health & Safety Programs

1. Major Accomplishments

➢ Radiation Safety Program Compliance

In August 2025, the NH Radiological Health Division inspectors visited UNH to perform an inspection for compliance with radiological health rules. Inspectors reviewed program documentation including training records, inventory logs, radiation use permits, dosimetry records, survey results, and audits. They also performed on-site inspections in several areas of campus where radioactive materials are used and stored. The inspectors reported no findings against UNH – this represents a significant achievement for a complex, heavily regulated program.

➢ Methylene Chloride Safety

In 2024, OEHS initiated efforts to reduce risk associated with methylene chloride and assure compliance with new EPA regulations. In 2025, OEHS implemented many components of the new regulations, including written standard operating procedures and exposure monitoring for employees. OEHS conducted exposure monitoring for all researchers using methylene chloride and confirmed no exposures above strict regulatory limits. OEHS will continue to evaluate all future use of methylene chloride in research and conduct exposure monitoring as necessary.

➢ Campus-Wide Mechanical Space Safety Assessment

During 2025, OEHS initiated a project to assess all campus building mechanical areas to document potential safety hazards, develop recommendations for personal protective equipment, and identify chemical exposure risks. Overall, 92 mechanical rooms were evaluated. Each space was evaluated for elevated noise levels, slip, trip, and fall hazards, overhead and bump risks, machine guarding, and chemical use and storage. Some hazards identified in assessments have been corrected. The project will continue in 2026 with development of safety signage.

➢ Chemical Delivery Tracker

OEHS and the Research Computing Center created new chemical delivery tracking software for use by the Chemical Transfer Station (CTS), improving efficiency and communication. Now chemical packages are tracked electronically from the moment they arrive at the CTS until delivery to the chemical owner on campus. The system notifies the recipient that a delivery has been completed and provides a photo of the delivery.

➢ Confined Space Database

In 2025, OEHS and Enterprise Computing developed a new confined space inventory system. The new application is accessible directly from the OEHS web site; allows for trained UNH employees and contractors to access the system to review confined space hazards assessments, complete and submit entry permits to OEHS and the Durham Fire Department. This new application ensures convenient, effective means to manage risks of entering confined spaces at UNH and serves to enhance compliance and personnel safety.

- **Peroxide Forming Chemicals Management**

EHS developed safety training, management tools, and a guidance document to improve management of peroxide forming chemicals (PFCs). Improvements included creating a new safety training for owners and users of PFCs and improving resources for lab occupants for testing and identification of PFCs. Collectively, these improvements ensure proactive monitoring of PFCs, reduce the risk of explosive peroxide accumulation, and help prevent future safety incidents and costly disposals.

2. Mission Statement

The UNH OEHS works to ensure safe and healthful environments for all segments of the campus population, through programs of information and education, review and monitoring, technical consultation, and provision of direct services. OEHS is also responsible for developing programs to ensure compliance with applicable state and federal health, safety and environmental regulations, and campus policies on environmental health and safety. Areas of responsibility include hazardous materials, environmental management, and injury and illness preventionas highlighted in the University System of New Hampshire (USNH) Policy on Environmental Health and Safety. The protection of human health and compliance with applicable regulations are essential conditions for the successful operation of research, conduct of instruction, and provision of public service by the University. OEHS supports the University of New Hampshire'smission by providing leadership, resources, and services to assure a safe and healthful working environment for all members of the University and its surrounding community.

3. Vision Statement

OEHS will be a valued partner in the creation and maintenance of a safe and healthy University environment and will achieve excellence through its provision of leadership, oversight, stewardship, and services. Core Values

OEHS has adopted a Code of Professional Conduct. These core values describe the standards to which we aspire. They guide our actions and help to assure accountability, responsibility and trust as we interact with one another and our campus clients.

Excellence: We dedicate ourselves to the highest standards of quality in our professionalwork, outreach, public service, mentoring, and advising.

Integrity: We commit ourselves to an open, honest, and trustworthy approach to all endeavors we are working on. We value fairness, straightforward conduct, adherence to the facts, sincerity and transparency. We will make a reasonable effort to provideappropriate professional referrals when unable to provide competent professional assistance.

Responsiveness: We respond to and address the needs and expectations of ourstudents, faculty, staff, partners, and external constituents.

Respect: We foster an environment of mutual respect. We listen to each other, encourageeach

other and care about each other.

Diversity: We commit to an inclusive community for diverse students, faculty and staff. We reject bigotry, oppression, degradation and harassment, and we challenge injustice toward any member of our community.

Accountability: We are personally and organizationally accountable for all that we do and commit to providing a timely and comprehensive evaluation of our programs and efforts.

Figure 1 UNH Wildcat Statue located in front of Whittemore Arena

Innovation: We want to be at the forefront of change and believe that the best way to lead is to learn from our successes and mistakes and continue to grow. We are forward-looking and break new ground in addressing important community and societal needs.

Openness: We encourage the open exchange of information and ideas from all quartersof the university community. We believe that through collaboration and participation, eachof us has an important role in determining the direction and well-being of our community.

4. Campus Program Elements and Objectives

UNH has adopted an Environmental Health and Safety Mission Statement that works to assure safe and healthful environments for all segments of the campus population, through programs of information and education, review and monitoring, technical consultation, and provision of direct services. OEHS has developed and implemented programs to ensure compliance with applicable state and federal health, safety and environmental regulations, and USNH policies on environmental health and safety.

5. Injury and Illness Prevention

5.1. Industrial Hygiene

Industrial hygiene is the art and science of recognition, evaluation, and control of those environmental factors or stresses arising in or from the workplace, which may cause sickness, impaired health and well-being, or significant discomfort and inefficiency among workers or citizens of the community. OEHS performs worksite assessments to determine potential health hazards throughout the many locations associated with UNH and manages the campus

Respiratory Protection and Hearing Conservation programs. Technical assistance is provided on issues involving chemical hazards that can contribute to exposure risks (including laboratory exposures), exposures as the result of chemical release incidents, noise, heat, and hazardous building materials. Advice is provided on protective measures that include the development and implementation of corrective controls or the use of personal protective equipment (PPE).

OEHS calibrates and maintains an inventory of thirty-one (31) direct reading/sampling instruments (Table 1).

Figure 2 Quest Wet Bulb Globe Thermometer used by OEHS to monitor weather for health advisories

Table 1. Direct Reading Instruments and Sampling Pumps Maintained by OEHS			
Instrument Make (# devices)	**Model**	**Use Type**	**Calibration Frequency**
Sensidyne (5)	Gil-Air 3	Personal air sampler	Prior to and following use
Gillian (8)	BDX	Personal air sampler	Prior to and following use
RAE Systems (1)	MiniRae 2000	Photoionizati ondetector	As-necessary, calibration verified weekly
Industrial Scientific (1)	Ventis MX-4	Multi-gas monitor	As-necessary, calibration verified weekly
Aeroqual (2)	Series 200	Ozone monitor	Annual factory calibration, operation verified weekly
Aeroqual (1)	Series 200	Dust Monitor	Annual factory calibration, operation verified weekly
Allegro Industries (2)	Rotary Vane Sampling Pump	High volume airsampling	Prior to and following use
Simpson (1)	884-2	Sound level meter	Annual factory calibration, checked before use
TSI (1)	P-Trak	Ultrafine particle analyzer	Annual factory calibration, operation verified weekly
TSI (2)	Q-Trak with 966 (3 total) and 982 (2 total) probes	Indoor air quality, airvelocity	Annual factory calibration, calibration verified weekly
TSI (1)	9565-A	Air velocity	Annual factory calibration
Quest 3M (1)	QT-32	Heat stress monitor	Annual factory calibration
General (1)	MMD900	Moisture meter	As necessary, checked before use
Casella (3)	dBadge2	Noise dosimeter	Prior to use
Tramex (1)	Moisture Encounter Plus	Moisture Meter	As necessary, checked before use

These instruments provide information related to airborne constituents such as lead, asbestos, mold, particulates, and specific airborne chemicals.

OEHS responded to sseventy-four (74) requests from the campus community for industrial hygiene technical services in 2025. Inquiries were related to hazardous building materials, potential exposures to hazardous chemicals, heat, and noise.

Throughout the 2025 calendar year OEHS continued its efforts to evaluate potential hazardous exposures on campus for a variety of departments. These efforts included:

- Exposure monitoring for Isoflurane at the Pet Access Wellness Services (PAWS) clinic in Barton Hall. Isoflurane is used as an anesthetic during animal surgical procedures.
- Exposure monitoring to evaluate select research operations that continue to utilize

methylene chloride as part of the 2024 EPA final rule to significantly reduce its use in select research environments.

- Personal noise dosimetry for UNH Grounds & Events to ensure their use of hearing protection remains acceptable.
- Reviewed safety data sheets for ice paints used to mark the Whittemore Center Ice rink. Hazards warranted the use of outside vendor to apply.
- Reviewed mercury vapor monitoring data collected at the new Herbarium in Spaulding Hall. Certain specimens had been treated with mercuric chloride. Monitoring was conducted to determine protective controls to be implemented when accessing and handling specimens.

During the summer months, OEHS monitors the weather to support the UNH Excessive Heat Advisory Program (see UNH On-Line Policy Manual, UNH VD 3.5). A 3M QUESTemp wet-bulb globe thermometer (Figure 2) is placed outside to measure the outdoor heat. When the outdoor temperature exceeds the consensus threshold for heat as established by the American Conference of Governmental Industrial Hygienists, OEHS will issue a heat advisory for the campus. The Heat Advisory contains a prescription of work and rest for those employees, athletes, visitors, and/or guests who may be working outside, and, as necessary, for those working inside. OEHS issued a total of eighteen (18) heat advisories throughout 2025, upfrom the fifteen (15) advisories that were issues in 2024.

5.2. Hazardous Building Materials

Hazardous building materials can be present in several forms throughout UNH campus buildings. Fortunately, the presence of these materials does not constitute a risk for occupants if the materials are maintained in good condition and their condition is monitored on a regular basis. To assist in maintaining these materials, OEHS oversees the Hazardous Building Materials Operations & Maintenance Manual that incorporates programs to manage the three more commonly associated materials: asbestos; lead; and polychlorinated biphenyls (PCB).

OEHS has formally assessed all campus buildings for the presence of asbestos containing materials (ACM) and lead based paint. The materials that were identified as containing asbestos or lead have been entered into UNH AIM and are printed onwork orders to alert Facilities personnel of the materials presence. AIM is an electronic assetmanagement system utilized by UNH Facilities personnel for work orders and asset maintenance.In addition to the work orders, all employees whose jobs could put them in contact with ACM arerequired to participate in the annual Asbestos Awareness training. This includes Housekeeping, Facilities Operations, Telecommunications, Facilities Project Management, and Housing. The Asbestos Operations & Maintenance Plan establishes responsibilities for specific operating groups that could encounter ACM as part of routine operations. The plan also outlines inspectionprocedures and frequencies, emergency procedures to follow in the event of a fiber release, and training requirements. Employees whose daily work routine requires possible contact with ACM,or who have related responsibilities are required to attend 2-hour Asbestos Awareness Training. In 2025, thirty-eight

(38) employees participated in the 2-hour Asbestos Awareness training. To ensure identified materials are maintained in good condition, OEHS conducts visual inspections of all areas where known ACM are present. The conditions are documented annually, and each inspection record is maintained at OEHS. Copies of all inspections along with any recommendations are forwarded to the respective operating group responsible for the inspectedbuilding/area.

During 2025 OEHS assisted Facilities with re-establishing an Operations & Maintenance team that allows select UNH trained employees to remove up to three square or three linear feet of ACM. Four employees received 16-Hours of training, participated in the required medical surveillance program, and received training on the proper use of respiratory protection. Having these key employees available expedites small scale abatement projects while reducing costs by eliminating the need to contract with a UNH Term Asbestos Abatement vendor.

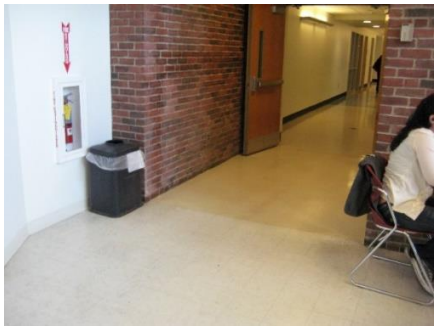

Figure 3 Example of flooring material that is known ACM located in the Iddles wing of Parsons Hall

OEHS works closely with Facilities Project Management during projects that require the abatement of lead, asbestos, or PCBs. Work involving abatement requires specific training and experience. To ensure only those qualified firms conduct hazardous building materials activities, OEHS, along with USNH Procurement Services, have approved term contractors for abatement, environmental engineering, industrial hygiene, and project oversite.

OEHS manages two PCB Monitoring, Maintenance, and Implementation Plans (MMIP) that were established as part of conditional approvals by the United States Environmental Protection Agency (USEPA) for the removal and replacement of windows associated with Stillings Hall and the Field House. Under each conditional approval, UNH is required to monitor locations where PCB contamination remains. The monitoring under each MMIP involves a visual assessment of each window for substrate damage, and the collection of air and wipe samples to evaluate the effectiveness of applied engineering controls. During 2025, OEHS coordinated with Pinchin Environmental, LLC., to approach USEPA on UNH's behalf and propose reducing the frequency of required wipe and air sampling. Based on previous assessments, the USEPA granted UNH approval to reduce the frequency of air and wipe sampling from annually to bi-annually. OEHS will continue to conduct visual inspections annually.

5.3. Injury Prevention

The effectiveness of a safety program can be assessed in many ways. However, it is typically reviewed from a financial perspective. UNH losses are analyzed by OEHS to evaluate the frequency (number of incidents) and the severity (cost associated with an injury). OEHS, in

conjunction with UNH Human Resources (HR) and our Workers Compensation Insurance Carrier, Maine Employer's Mutual Insurance Company (MEMIC) monitors monthly trends and costs and works to focus efforts on addressing those areas where a higher frequency and/or severity of accidents are occurring.

In 2025 UNH reported 192 incidents with 83 being compensable. A summary of the 2025 losses compared to the previous five years is provided in Table 2 below.

Table 2. Incidents and incurred costs by year

Year	Number of Reported Incidents	Number of Compensable Incidents	Incurred Costs[1]
2025	192	83	$758,000
2024	174	77	$343,000
2023	228	80	$570,000
2022	242	85	$415,000
2021	181	69	$306,000
2020	171	32	$170,000

1. Incurred costs are reported as total incurred to date. Actual losses can fluctuate both up and/or down based on the claim, potential additional costs, and settlement.

As summarized in Table 2, 192 incidents were reported through the online UNH chemical and environmental management system (UNHCEMS®) to the OEHS staff and HR, of which 52 were report-only (meaning no significant injuries or medical treatment was required and therefore *non-compensable*). Of the remaining 140 reported incidents, 68 required basic first aid and 72required medical treatment. The compensable injuries yielded approximately $645,000 in incurred costs. The number of incidents increased approximately 1% when compared to the 174 incidents reported in 2024; costs incurred increased approximately 120%. The number of compensable incidents is not a good indicator of incurred costs because costs can vary widely depending on the injury. Figure 4 summarizes UNH claims and monetary losses for the previous fifteen years.

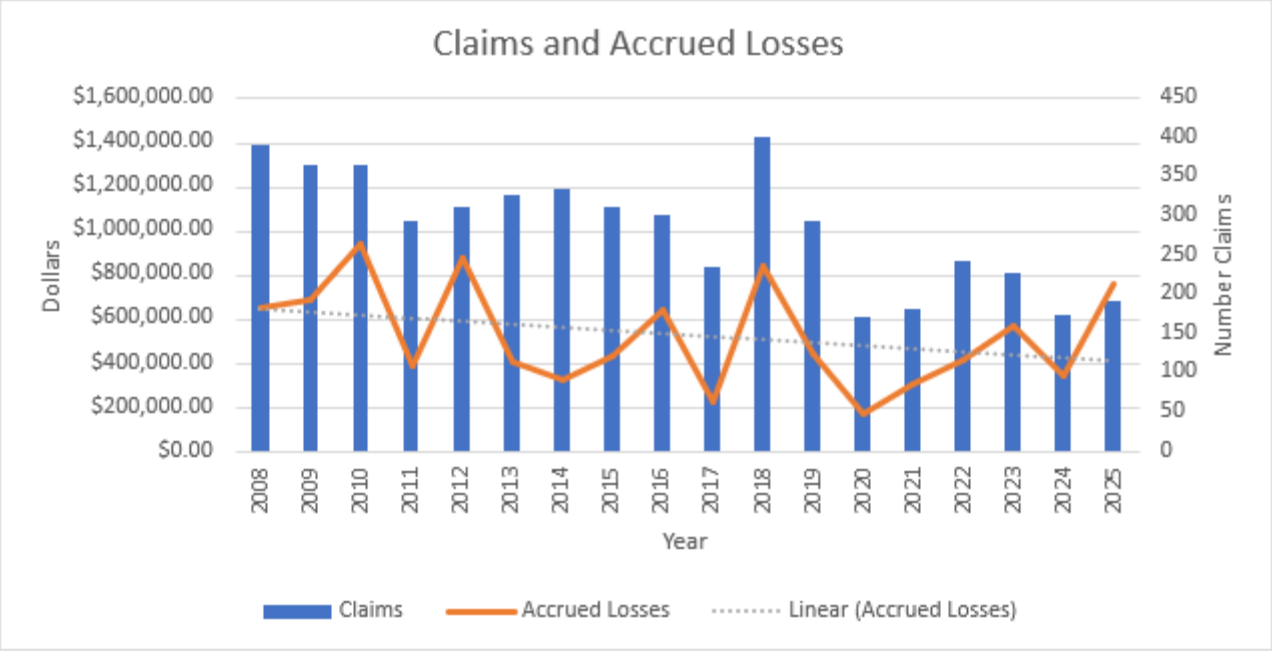

Figure 4 Total workers compensation claims and losses paid over the last 16 years at UNH; losses continue to trend downward

It must be noted that incurred costs can fluctuate both up and down based on the claim, future costs, and settlement.

A second means to evaluate the effectiveness of an existing safety program is reviewing the experience modification rate (MOD-rate). The MOD-rate is a multiplier provided by the National Council on Compensation Insurance (NCCI) that is applied to an employer's workers compensation insurance premium. An employer with a strong safety record will have a MOD-rate of under 1, reducing the actual cost of insurance while those with weak safety records will have a MOD-rate greater than 1. UNH's MOD-rate in 2025 was reported by NCCI as 0.67 which is slightly higher than 0.63 reported in 2024.

OEHS conducts routine accident investigations to determine the root cause of an accident and develop corrective actions necessary to prevent a re-occurrence. Many investigations involve a simple telephone call or e-mail requesting information on recommended corrective actions while more frequent or significant accidents involve a more formal site visit, interviews, and assistance from various operating groups. These are followed up with a more formal investigation report. In 2025 OEHS conducted six (6) formal investigations.

5.4. Indoor Environmental Quality

OEHS investigates indoor environmental quality (IEQ) complaints and concerns filed by campus community members. While most complaints involve thermal comfort, odors, or non-specific symptoms, some are associated with reports of microbiological contamination/growth, specific health-related symptoms related to indoor air, or response to a water intrusion. Indoor Air Quality (IAQ) surveys and due diligence assessments are conducted following routinely practiced industry standards for the investigation of IEQ complaints. OEHS manages the UNH Indoor Air Quality

Management Plan and conducts/coordinates evaluations; maintains two direct reading instruments to monitor basic IEQ parameters, two moisture survey meters to identify damp conditions that can be conducive for microbiological growth, and an ultrafine particle analyzer (Figure 5) that can be used to assess for dusts/particles and determine their source.

Figure 5 TSI Q-Track IAQ Monitor, General Moisture Meter, TSI P-Trak Ultrafine Particulate Counter

In 2025, OEHS responded to eighty-four (84) requests for IEQ services, down from one hundred four (104) in 2024 (Figure 6). Three (43) requests required remediation or corrective actions while OEHS requested assistance from IAQ consultants on four (4) occasions. In 2025, OEHS saw a slight decrease in the number of mold concerns. Of the 84 IAQ complaints, 47 were concerns related to mold in UNH dorms, down from 50 reported in 2024. While most investigations of mold reports did not result in identification of hazardous mold conditions, many were associated with minor mold/mildew growth on windows and walls, the direct result of condensation that forms during the winter months. These areas were cleaned by UNH Housekeeping and students were educated on the importance of keeping their rooms clean while maintaining temperatures and humidity within recommended comfort ranges to reduce formation of condensation and growth of mold/mildew.

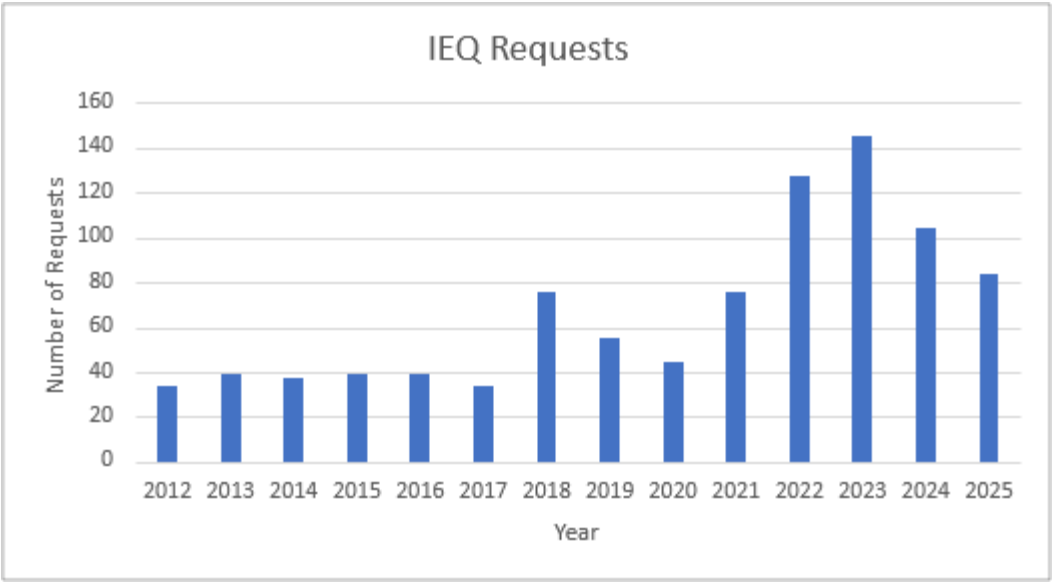

Figure 6 Indoor Environmental Quality Requests Received by OEHS from 2012 through 2024

5.5. Occupational Safety

The safety programs at UNH focus on efforts regarding injury prevention through the development and implementation of policies and procedures for the recognition and identification of hazards and the development of corrective actions. OEHS works with campus stakeholders on issues of safetyto assist in assuring compliance with applicable regulations, regulatory interpretation, and by providing technical assistance. In 2025, OEHS responded to seventy-one (71) requests for technical assistance on a broad range of safety topics including: walking and working surfaces; respiratory protection; PPE; cranes and hoists, contractor safety; fire safety and prevention; emergency action planning; confined space entry; fall protection; the control of hazardous energy (lockout/tagout); welding and cutting; fuel handling; electrical safety; powered industrial trucks; and Mobile Elevating Work Platforms (MEWP). This is down when compared to the eighty-five (85) requests in 2024.

OEHS conducted an annual review of each of its thirteen written Occupational Safety Programs in 2025 to address any regulatory changes in the programs and for any operational questions or concerns from impacted campus representatives. The following documents are reviewed and maintained by OEHS Occupational Safety:

- Respiratory Protection Program
- Hearing Conservation Program
- Lockout/Tagout
- Hot Work Permit
- Confined Space Entry
- Hearing Conservation Program
- Mobile Elevating Work Platform *(formerly Aerial Lift Safety Program)*
- Powered Industrial Trucks
- ACM Operations and Maintenance Plan
- Fall Protection
- Crane & Hoist Safety Program
- Caulking Management Program
- Hazard Communication Program

5.5.1. Confined Space Entry

The UNH Confined Space Entry Program is designed to outline specific requirements and procedures to allow employees to safely enter and conduct work in spaces that have been identified, as permit required confined spaces. These procedures include training, air monitoring, the use of specific equipment to facilitate non-entry rescue, and the use of a permit entry system. OEHS receives, reviews, and maintains all permits for activities involving entry into UNH confined spaces. Figure 7 below are examples of confined spaces at UNH.

In 2025, OEHS received thirty-four (34) confined space entry permits. Permits are reviewed and if necessary, field verified on campus to ensure personnelare entering following current UNH program requirements. In addition, permits are reviewed witheach applicable operating group as part of the annual review and assessment. OEHS and UNH continue to partner with the Durham Fire Department (DFD) to provide confined spaceentry rescue services.

Figure 7 Equipment identified as a Permit Required Confined Spaces

OEHS has identified and inventoried over 600 confined spaces on the UNH Durham campus. These spaces include sewer manholes, tanks, pits, and vaults. The UNH Confined Space Inventory is managed in a new Microsoft PowerApp application that was developed during 2025. The new application can be accessed directly from the OEHS website, and provides the same functionality as the previous Confined Space Inventory Database that allows trained employees and contractors to access the documented hazard assessments for identified spaces, complete on-line entry permits, and allows for the electronic submission of entry permits to OEHS and the Durham Fire Department.

5.5.2. Fall Protection

OSHA requires that any employee exposed to a fall of four (4) feet, or more, be protected by means of protective measures. Fall hazards exist for any employee required to work on, in, or near roof systems, aerial lifts, scissor lifts, scaffolding, unprotected attic spaces, open pits, floor holes, or elevated walkways and platforms. The UNH Fall Protection Program outlines specific controls to be utilized when fall hazards exist. While the OSHA fall protection standards (29 CFR 1926, Subpart M and 29 CFR 1910, Subpart D) specify three methods to protect employees from falls; safety nets, the use of guardrails, and/or personal fall arrest systems; the UNH program recognizes only two, the use of guardrails and personal fall arrest systems. As part of the program, OEHS conducts annual documented inspections of approximately 100 full body harnesses and

lanyards located on campus that are used as part of a personal fall arrest system to protect employees against falls from elevated surfaces. Employees exposed to fall hazards receive training in the recognition of fall hazards and the use of protective systems.

Figure 8 Guardrails installed on the roof of Kingsbury Hall

During 2025 OEHS worked with Facilities Project Management and the Theater and Dance Department staff to design and install appropriate fall protective devices on the lighting catwalk and grid iron areas of the Johnson Theater. Anchor points and horizontal lifelines were installed to allow faculty, staff, and students safe access to these locations to support productions. Figure 8 shows an example of a fall protective system installed on Kingsbury Hall.

5.5.3. The Control of Hazardous Energy (Lockout/Tagout)

Lockout/Tagout can be defined as the complete physical isolation of all energy sources associated with a piece of equipment or machinery to ensure an employee conducting servicing or maintenance is not exposed to any hazardous energy sources through the accidental startup of the equipment or machinery or release of stored energy. To achieve this, OSHA has established its Control of Hazardous Energy (Lockout/Tagout Standard) 29 CFR 1910.147. To ensure UNH Compliance with the OSHA standard, the UNH Lockout/Tagout Program outlines the proper shut down and isolation procedures required prior to any servicing or maintenance activities. Employees conducting service or maintenance must identify all hazardous energy sources and once identified, they are shut down and physically isolated by the application of a lock on the isolation device (lockout). In addition, each lock is required to have a tag applied to it (tagout) that clearly specifies not to remove as lockout/tagout taking place. Each applied lock and tag are to be applied by each person conducting servicing or maintenance on each energy source required to be isolated. The UNH Lockout/Tagout program applies to all UNH employees to some degree. The selected Facilities personnel that would be required to shut off equipment and/or machinery and conduct servicing or maintenance activities are considered authorized employees and receive specific training on the program elements. All other employees are considered affected as the work an authorized employee conducts could at any time affect anyone.

5.5.4. Powered Industrial Trucks

The UNH Powered Industrial Truck (PIT) Program outlines the practices and procedures to ensure the safe use and operation of PITs at UNH, formalize the required inspections, and outlines specific training requirements for those required to operate them. PITs are a valuable tool for material handling, but their use is not without risk. The OSHA Powered Industrial Truck standard; 29 CFR 1910.178 outlines specific requirements employers must follow to ensure their safe use. UNH currently has an inventory of thirteen (13) PITs that encompass three of the seven truck classes. They include two class II trucks that are used in Facilities Warehousing (Figure 9) and Chase Ocean Engineering, seven class III powered hand jacks that are used in Facilities Warehousing and Dining Services, and four class V trucks that are used in Facilities Warehousing, College of Engineering & Physical Sciences (CEPS), Campus Recreation, and the Coastal Marine Center. The PIT class is designated based on their use and fuel source. Nine of the PITs at UNH are battery powered; three are powered by liquefied propane gas (LPG), whileone is diesel fuel operated. Each class has specific operational characteristics, fueling/charging requirements, and inspection criteria that must be followed. In addition, training is required to include both formal instruction, practical hands-on training, and is complete when each operator successfully passes an operator evaluation for each PIT they would be required to operate. The PIT program standardizes how each truck is managed, including training and inspections.

Figure 9 Typical Powered Industrial Truck in use at UNH

5.5.5. Cranes and Hoists

UNH currently has an inventory of twenty eight (28) operational cranes and hoists that serve a variety of programs and departments on campus. They include the largest crane, a 10-ton bridge crane in Kingsbury Hall, and smaller cranes and hoists used by Facilities, the Dairy Farm, Jackson Estuarine Laboratory, the Water Treatment Plant, the Olson Manufacturing Center, and the Coastal Marine Center in New Castle New Hampshire. Formal training requirements, inspection procedures, and responsibilities are outlined in the UNH Crane and Hoist Safety program.

5.5.6. Mobile Elevating Platforms (formerly Aerial/Scissor Lifts)

A Mobile Elevating Work Platform (MEWP) can be defined as any vehicle mounted device, vertical, telescoping or articulating, or both, that is used to position personnel. Scissor lifts are

considered a mobile-railed platform that can be raised straight up and down. Regardless of the definition, UNH departments, including Facilities Operations, Athletics, Memorial Union Building, the College of Liberal Arts (COLA), the College of Engineering and Physical Sciences (CEPS), Campus Recreation, and Housing utilize both types of MEWPs for a variety of purposes.

The UNH MEWP Safety Program has several key elements that define responsibilities for those operating groups on campus that utilize them, establishes specific training requirements, and outlines limitations when it comes to non-UNH personnel (such as contractors). One of the significant components of the program is restricting MEWP use to only those trained and qualified UNH operators. A second key component is the establishment of training requirements for operators. Training is divided into two categories, Qualified/Competent Person Training and Restricted Person Training. Those employees that receive operator training and have experience and qualifications to safely utilize MEWPs are considered Qualified/Competent users. This allows them to utilize MEWPs in an unrestricted manner on campus.

Restricted Persons are those that have received operator training however lack any use experience. These employees can utilize MEWPs; however, their use requires oversite by a Qualified/Competent user. By dividing it up into two categories, it allows key departments to utilize their own Qualified/Competent users to not onlytrain their own personnel, but to decide when a Restricted Employee can become a Qualified/Competent user.

During 2025 OEHS continued its partnership with the College of Engineering and Physical Sciences to provide training to students as part of their research associated with the Environmental Engineering Program. In addition, train the trainer training was provided to new COLA Theater & Dance management to allow them to conduct training for students and staff as necessary.

5.5.7. Workplace Safety Inspections

OEHS conducts routine inspections of campus locations to evaluate for the presence of hazardous conditions and works with campus groups to develop corrective measures. Inspections are conducted to identify hazards and work with management to develop corrective actions and address observed unsafe behaviors. By continually observing for both unsafe conditions and unsafe behaviors of employees, efforts can be made to remediate hazards and correct unsafe actions through targeted training.

During 2025 OEHS continued with its targeted formal inspection process for Dining Services. As part of the process, each facility is inspected on a regularly scheduled basis, findings documented with recommendations for corrective actions, reports forwarded to key Dining management staff, and reviewed. Each inspection report contains loss data for the respective location and for Dining for comparative purposes. During inspections, OEHS discusses key safety issues and controls with staff to evaluate training and compliance with developed safety practices and procedures. During the 202 calendar year Dining Services saw an increase in reported losses; 2025 yielded 57 incidents up22% from the 45 reported in 2024. OEHS will continue to partner with Dining during the 2026 calendar year to further develop and implement injury prevention efforts.

5.5.8. Hearing Conservation

Exposure to elevated noise levels that exceed exposure thresholds can lead to a temporary or permanent threshold shift that can result in noise-induced hearing loss. OSHA has established the Occupational Noise Standard, 29 CFR 1910.95, which requires employers to develop and implement a Hearing Conservation Program should it have employees that exceed the established action level of 85 decibels as averaged over the course of an 8-hour day. Since there are areas/jobs at UNH where noise levels can exceed not only the Action Level, but the permissible exposure limit (PEL) of 90 decibels, OEHS manages the campus Hearing Conservation Program. For those impacted employees, the program requires they receive training on the components of the program, the OSHA Standard, effects of noise exposure, and the appropriate use of hearing protection. In addition, each employee included in the Hearing Conservation Program is required to participate in baseline and annual audiometric testing. During 2026, the audiometric testing was coordinated through a third party mobile audiometric testing service versus the through the UNH College of Health and Human Services. Currently Grounds and Events are participants in the Hearing Conservation Program.

5.5.9. Respiratory Protection

Use of respirators at UNH is governed by a comprehensive OSHA Standard, 29 CFR1910.134 Respiratory Protection which outlines specific requirements that must be met prior to and during use. OEHS manages the campus Respiratory Protection Program to ensure employees are properly protected against potential airborne contaminants as well as UNH's compliance with the OSHA standard. A respirator acts as a barrier preventing hazardous airborne contaminants from entering the body through the respiratory system. Contaminants can be physical, chemical, or biological in nature. For a respirator to be effective, it must be used following strict guidelines and procedures to ensure proper selection, use, care, and maintenance. In addition, all wearers of respiratory protection are required to participate in the UNH Medical Surveillance program and be fit-tested annually. The fit test is the procedure where the employee dons the respirator they would be required to use and is challenged with a known agent. Should the employee detect the challenge agent, the respirator is not approved for use. Only those respirators that achieve an acceptable fit will be worn by employees. OEHS conducts training for a variety of departments that are covered by the respiratory protection program. These include Facilities Operations, Health and Wellness, the College of Engineering and Physical Sciences, and the New Hampshire Veterinary Diagnostic Laboratory.

In 2025, OEHS continued to provide support for various academic programs within the College of Health and Human Services. In 2025 an additional 41 personnel participated in the medical surveillance program with 53 UNH Personnel receiving fit tests for respirator use.

5.5.10. Hazard Communication

The use of hazardous chemicals in the workplace is highly regulated to ensure those working with chemical substances do so in a safe manner. Using hazardous chemicals can place UNH employees and students at risk of exposures that can lead to physical injuries and/or illnesses.

One of the programs developed and managed by OEHS is the Hazard Communication Program. This program is mandated by the OSHA Hazard Communication Standard, 29 CFR 1910.1200 and the State of New Hampshire Department of Labor Right to Know Law, Title XXIII, Chapter 277-A, Toxic and Hazardous Substances.

The Hazard Communication Program is designed to provide information to those who use or those who could be potentially exposed to chemical substances. The UNH Hazard Communication Program prescribes procedures for appropriate labeling of chemical containers, maintaining a comprehensive inventory of chemical materials at UNH, and ensuring that corresponding Safety Data Sheets (SDSs) are readily available for inventoried materials. In addition, training is provided on the provisions of the UNH Hazard Communication Program for all employees working with regulated chemicals. Hazard communication training was completed by 788 individuals in 2025. Departments such as Housing, Dining, and Facilities receive Hazard Communication trainingduring their OEHS Orientation/Refresher training while others receive it while participating in laboratory safety programs. In addition, on-line hazard communication training is available to those select employees.

UNH manages its chemical inventory and maintains approximately 20,000 SDSs electronically in UNHCEMS®. OEHS conducts an annual chemical inventory and is continually updating its compilation of SDSs to ensure the most up to date and accurate information is available.

5.5.11. Hot Work/Welding Safety

OEHS continues its advisory and administrative role for the Hot Work Permit Program. This program is designed to require those personnel who are required to perform welding, torch cutting, or any other heat and spark producing activities outside a designated hot work area to complete a Hot Work Permit (Figure 10). The program offers two options for hot work:

> Option 1 - Those conducting hot work can opt to complete a single shift permit, which authorizes hot work for the single date specified on the permit. Completed by the UNH Facilities Project Manager and/or the Competent Hot Work Supervisor, the permit is forwarded to OEHS and the Durham Fire Department prior to the commencement of activities.
>
> Option 2 - The second option available is to request a blanket permit. A blanket permit can be submitted to OEHS and will be reviewed on site with the appropriate UNH and/or contractor personnel. Once reviewed, the blanket permit is signed and approved. The blanket permit can be used for a time not to exceed 14 calendar days.

In 2025, OEHS received one hundred four (104) single shift hot work permits and reviewed sixteen (16 blanket permit requests that were subsequently approved.

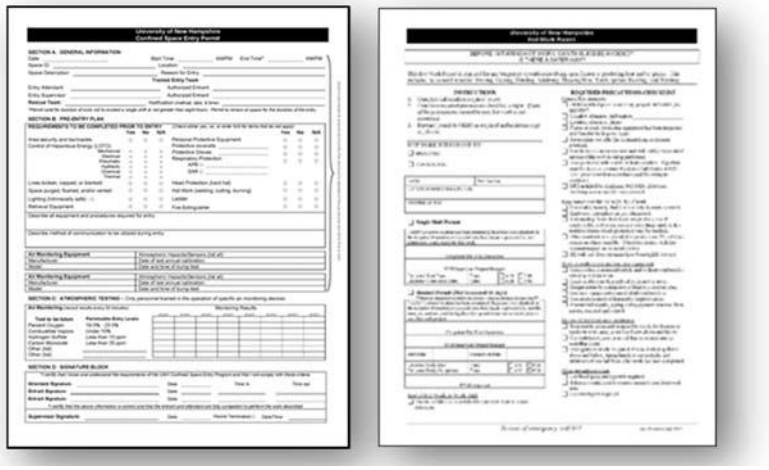

Figure 10 Sample Confined Space and Hot Work Permit Request forms

5.5.12. Construction Safety

OEHS provides technical guidance to UNH project managers on environmental health and safety concerns during construction, demolition, and renovation projects. Services include minor technical inquiries, pre-construction plan review, and pre-demolition hazardous building materials abatement planning. In 2025, staff from all disciplines in OEHS participated in projects associated with the Paul Creative Arts Center, the Field House, Jackson Laboratory, Stillings Hall Hetzel Hall; and exterior locations involving soil management and the Garity Pit location.

5.5.13. Occupational Safety Committee

The UNH Occupational Safety Committee assists with setting forth health and safety policies and programs that are adopted and implemented within the affected departments. The Occupational Safety Committee is a joint labor-management committee and is a vehicle through which the campus community can discuss safety concerns, disseminate information about programs and services from OEHS, and develop initiatives for future health and safety efforts. The Occupational Safety Committee incorporates representation from Research Integrity Services, Housing, Campus Recreation, Athletics, Information Technology, Health &Wellness, Human Resources, Campus Stewardship, University Libraries, Memorial Union Building, Transportation, and College of Life Sciences and Agriculture. OEHS coordinates and schedules the quarterly meetings, develops meeting agendas, and records and generates meeting minutes.

5.6. Safety Training and Education

Safety training is routinely performed and/or coordinated for those affected faculty, staff, and students on a variety of topics that include Hazard Communication, PPE, Respiratory Protection, Hearing Conservation, Control of Hazardous Energy (Lockout/Tagout), Confined Space Entry, Fall Protection, Asbestos Awareness, Material Handling, and Ergonomics. The responsibility for ensuring that affected staff receive the appropriate training falls under each individual department. OEHS offers training services that are pre-arranged with the affected departments.

Throughout 2025, OEHS continued its efforts to promote training to targeted areas where increased losses were occurring and to ensure compliance with regulatory training requirements. As part of their annual Associates Day, OEHS continued its partnership with Hospitality Services to address hazards and their controls associated with slips, trips, and falls, ergonomics/back/lifting safety, and cuts and burns. OEHS continued to provide training for the UNH Facilities Division and Housing by targeting specific areas that affect their operations that included the two-hour asbestos awareness training and the Facilities OEHS Orientation. OEHS continued its partnership with Housekeeping to provide them with the annual asbestos awareness training. OEHS conducted its annual safety training for the Shoals Marine Lab and worked with COLA and the Theater and Dance department to develop and initiate a safety orientation training for their staff.

In 2025, 7,007 employees and/or students participated in various instructor led and on-line OEHS training. Training was conducted on a variety of OEHStopics that include, but are not limited to Fall Protection, Confined Space Entry, Lockout/Tagout, Respiratory Protection, Bloodborne Pathogens, Radiation Safety, Laboratory Safety, Hazardous Waste, and Oil Spill Response.

During 2025 OEHS modified its on-line Dining Safety Orientation training for student employees. Modifications were made to allow better tracking for each facility This training was designed to educate student employees on the importance of working safely in a food service environment and was focused on key areas of losses associated with Dining Services. These areas include hazard communication, cuts and burns, slips, trips, and falls, and back/lifting safety.During 2025 80 student employees completed the training.

5.7. Ergonomics Programs

OEHS promotes its proactive approach to ergonomics by providing guidance to the campus community on ergonomic-related risks to reduce the number of claims involving musculoskeletal disorders associated with poor workstation design and manual material handling.

In 2025, OEHS conducted eleven (11) workstation evaluations, each consisting of the following:

- Reviewing the employee's workstation.
- Discussing work processes and symptoms they may be experiencing.
- Adjusting and/or modifying the workstation; and
- Discussing with them proper body positioning.

Each assessment is followed by a formal report that not only summarizes our observations and modifications but includes additional recommendations to further reduce ergonomic risk factors. Simple modifications may include adjusting the employee's chair height, repositioning thekeyboard to an existing adjustable tray, or raising the monitor utilizing materials readily at hand such as books or reams of paper. More complex recommendations may include replacement ofexisting keyboards and mouse options, re-design of work processes to reduce repetitive motions,or replacement of desks and chairs. Table 3 and Figure 11 summarize the ergonomic losses dating

back ten years.

UNH experienced zero (0) injuries associated with computer workstations in 2025. In addition, UNH experienced six (6) injuries associated with manual handling and lifting resulting in approximately $1,550 in losses.

Table 3. UNH Losses (Claims) and Incurred Costs from Ergonomic- Related Injuries								
Year	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Claims	9	18	19	20	25	14	13	6
Incurred Costs	$42,000	$61,800	$29,500	$135,000	$69,800	$68,000	$79,000	$1,550

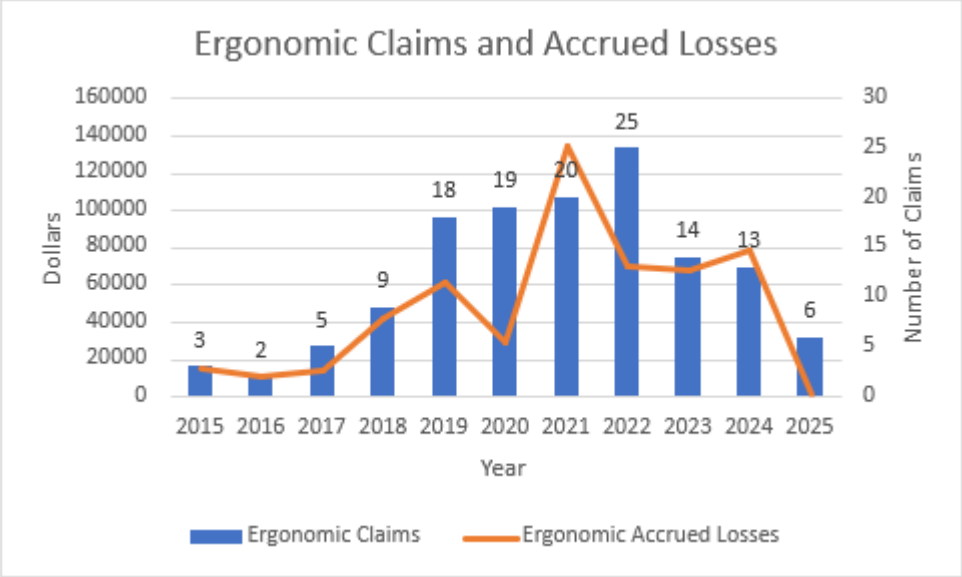

Figure 11 Ergonomic Claims from 2015 through 2025 and accrued losses by year

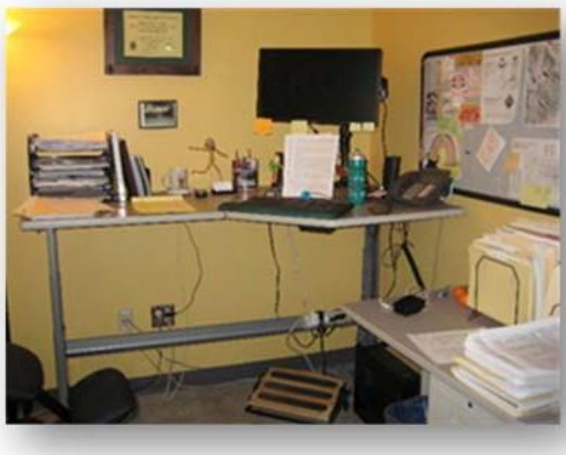

Figure 12 Example of a type of Sit-to-Stand workstation at UNH

5.8. Occupational Health Medicine

OEHS provides guidance to affected departments on medical surveillance requirements for faculty, staff, and students as required by state or federal regulations or as indicated by best management practices. Medical surveillance programs are established for respiratory protection, hearing conservation, asbestos, bloodborne pathogens and animal handlers. The management of the Animal Handlers Medical Surveillance Program and participants follow up is under the responsibility of Research Integrity Services.

There are currently 486 faculty, staff, students, and visitors participating in medical surveillance programs at UNH. Figure 13 shows the number of staff enrolled in medical surveillance programs for the previous five years.

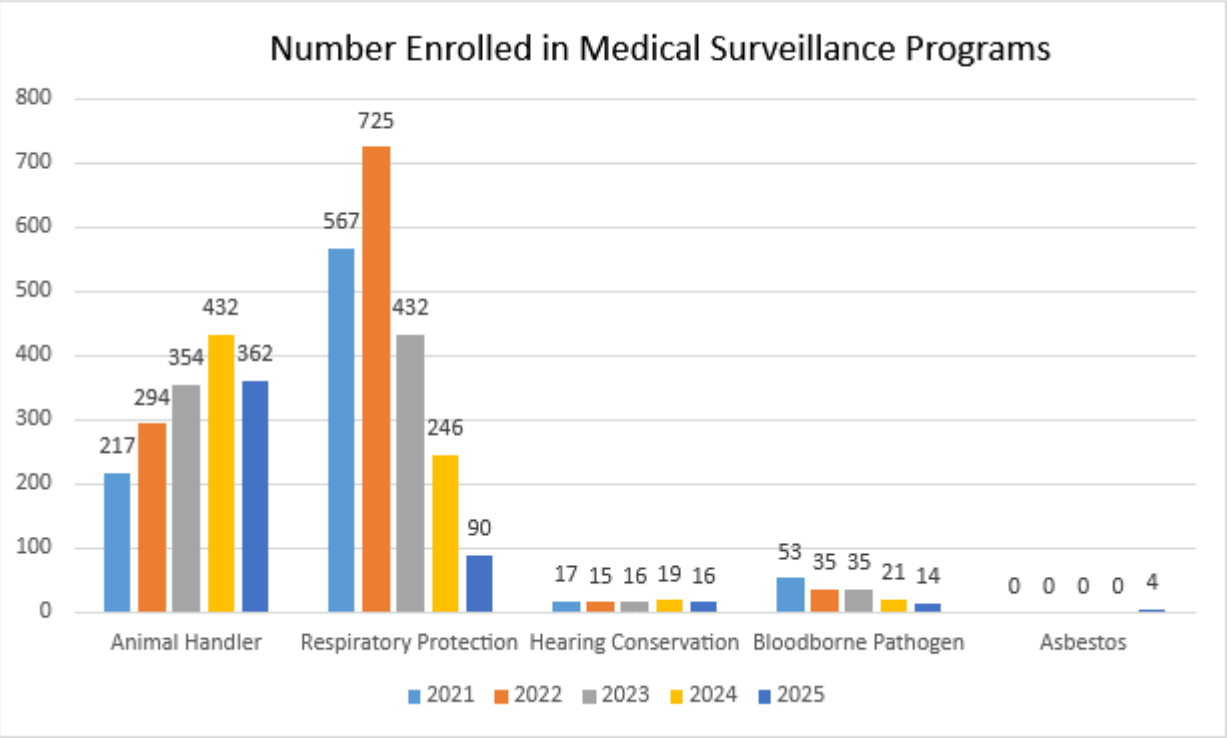

Figure 13 Number enrolled in Medical Surveillance programs from 2021 through 2025

6. Diving Safety

Scientific diving is defined by OSHA regulations as diving performed solely as a necessary part of a scientific, research, or educational activity by employees whose sole purpose for diving is to perform scientific research tasks. UNH is exempt from the regulations that govern commercial diving activities provided its program is defined as scientific diving and which is under the direction and control of a diving safety program containing at least the following elements:

- A diving safety manual with procedures covering all diving operations specific to the program;
- procedures for emergency care, re-compression and evacuation;
- criteria for diver training and certification; and

- a diving safety officer.

The Diving Control Safety Board (with the majority of its members being active scientific divers) which shall, at a minimum, have the authority to: approve and monitor diving projects; review and revise the diving safety manual; assure compliance with the manual; certify the depths to which a diver has been trained; take disciplinary action for unsafe practices; and assure adherence to the buddy system (a diver is accompanied by and is in continuous contact with another diver in the water) for Self-Contained Underwater Breathing Apparatus (SCUBA) diving. UNH has implemented both elements and is in compliance with this exemption.

7. Disaster and Emergency Preparedness

OEHS reviews and updates Disaster and Emergency Response plans required by the United States Environmental Protection Agency (US EPA) for the Campus. OEHS is responsible for maintaining the Integrated Contingency Plan (ICP), Spill Prevention Control and Countermeasure Plans (SPCC) (40 CFR Part 112) and reporting to US EPA for Emergency Planning and Community Right to Know Act (EPCRA) Superfund Amendments and Reauthorization Act Title III (SARA Title III) and National Pollution Discharge Elimination Systems (NPDES) Permitting.

OEHS at UNH manages spill prevention plans for the following facilities:

- UNH Durham – Integrated Contingency Plan with SPCC
- Combined Heat Plant, Durham Campus – SPCC
- Rochester Natural Gas Facility – SPCC

OEHS at UNH files and manages EPCRA Tier II reporting for the following facilities:

- UNH Durham
- Shoals Marine Laboratory – Appledore Island Maine
- Rochester Natural Gas Facility- Rochester NH
- UNH Manchester (annual review – but no need to file to date)

Reporting and plan maintenance for each is described in greater detail in the following sections.

7.1. Integrated Contingency Plan

The US EPA National Response Team passed guidance in 1996 allowing facilities to prepare an emergency response plan (the ‘one plan’) that consolidates the multitude of response plans required by several federal agencies including: the US EPA; OSHA; the Department of Transportation (DOT); the Mineral Management Service; the United States Coast Guard; and the Research and Special Programs Administration.

UNH originally drafted the ICP for the Durham campus in 2009 and continues necessary revisions to the campus ICP as needed or, at a minimum an internal review is conducted on an annual basis. The current plan is dated and stamped by a licensed Professional Engineer (PE) and was

last formally updated in April 2024. This plan requires a formal review and update to be approved by a licensed PE every 5 years,or earlier if conditions change at the Facility that will materially affect the plan.

The intent of the UNH ICP is to establish the necessary procedures and equipment required to prevent and to minimize hazards to public health, safety, or welfare, or to the environment, from fires, explosions, spills or any other unplanned sudden or non-sudden release of hazardous materials to air, soil, surface water, or groundwater. The plan is also designed to prevent spills or releases of hazardous substances that violate applicable water quality standards, cause a sheen upon or discoloration of the surface waters, or cause a sludge or emulsion to be deposited beneath the surface of the water or upon adjoining shorelines.

This plan contains three main sections: General Information, Spill/Release Response Procedures, and Spill/Release Prevention.

- Section I – General Information describes UNH's facilities and the administration of this plan,including procedures for the distribution, periodic review, and amendment of the plan.
- Section II –Fire, Explosion, or Spill/Release Emergency Response Procedures identifies and establishes the response and notification procedures to be used in the event of a spill/release, including steps to be taken when a spill/release is discovered; how to reporta spill/release; guidance on mitigation and cleanup of a spill/release and disposal of related waste; and a description of spill/release response equipment maintained by UNH.
- Section III - Fire, Explosion, or Spill/Release Prevention identifies and establishes policiesand procedures to be implemented with the goal of reducing the potential of a spill/release, including: a detailed description of areas of the facility where oil, petroleum products and hazardous materials and wastes are used, stored and generated; the associated containment systems; a description of the potential environmental receptors that may be affected; procedures for inspecting storage areas or equipment containing oil or hazardous waste; delivery/storage procedures; and a discussion and assessment of the potential spill/release scenarios.

The areas of the University of New Hampshire property that are covered by the ICP include:

- Durham campus;
- UNH Central Hazardous Waste Accumulation Area (CHWAA);
- Satellite Accumulation Areas in laboratories and research facilities throughout campus;
- UNH Facilities including the Heating Plant and shops;
- Transportation Garage;
- All other perimeter farms in Durham within the contiguous property boundaries of UNH Durham campus;

- Residential housing for college students and employees (single-family residences are exempt when oil is used exclusively for on premise heating); commercial properties ownedor partially owned by UNH, and situated contiguous to the main campus in Durham; and
- Other miscellaneous properties owned by the University of New Hampshire, with property boundaries contiguous to the Durham campus.

Due to their limited onsite storage of regulated materials, the Shoals Marine Laboratory (Appledore Island, Maine), Coastal Marine Laboratory (New Castle, New Hampshire), Burley-Demeritt Farm (Lee, New Hampshire), Kingman Farm (Madbury, New Hampshire) and UNH-M do not have formal SPCC or ICP plans. Although the law does not require formal plans for fuel or hazardous materials spill responses at these locations, OEHS continues to monitor petroleum and hazardous materials storage and manages them as a best practice in accordance with US EPA and NHDES regulations.

7.2. Spill Prevention Control and Countermeasure (SPCC) Planning

The priority of the US EPA Emergency Management Program is to prevent, prepare for, and respond to oil spills that occur in and around inland waters of the United States. US EPA is the lead federal response agency for oil spills occurring in inland waters, and the United States Coast Guard is the lead response agency for spills in coastal waters and deep-water ports. The SPCC rule provides requirements for oil spill prevention, preparedness, and response to prevent oil discharges to navigable waters and adjoining shorelines. The rule (40 CFR Part 112) requires facilities that meet specific petroleum storage quantities to prepare, amend, and implement SPCC Plans.

OEHS provides oversight and training related to spill prevention control and counter measures plans developed for the UNH Durham Campus Central Heating Plan and the Landfill Gas Processing Facility in Rochester New Hampshire.

The SPCC plan for the Central Heating Plant was last certified in December 2019, however due to changes to fuel oil tanks on-site was updated in 2023. The SPCC plan for the Water Treatment Plant was last certified in June 2020. The Landfill Gas Processing Facility in Rochester New Hampshire has an SPCC plan last certified in August 2019. EMCOR is currently working with an Engineering firm to update their existing SPCC Plan. There have been no changes in oil storage or types at the Rochester Facility therefore SPCC updates will be minor.

In place of an SPCC for the Durham Campus, an ICP has been developed and maintained for UNH as discussed in section 8.1 above. The completion of the certified ICP meets the US EPA requirement for a spill prevention plan (40 CFR Part 112)

UNH Facilities staff conduct monthly inspections of 51 aboveground oil storage tanks (ASTs) on campus and 9 registered transformers, with an additional 92 transformer inspections occurring annually, as conducted by the UNH Energy office. There are several factors determining which

equipment is inspected and at what frequency and is in part defined by the facility ICP, SPCC and or NHDES regulations.

OEHS worked with Facilities in 2025 to remove 875-gallons of fuel oil through the removal of 2 above ground storage tanks by replacing the systems with either natural gas, propane or taking them offline. However, a life safety generator with a 1375-gallon fuel tank were installed as part of the Field House renovation. This tank was installed in accordance with NHDES guidelines, registered and a site-specific SPCC plan. OEHS continues to work with other departments at UNH to decrease use and storage of fuel oil and diesel on campus.

Per US EPA SPCC regulations (as detailed in the ICP), OEHS conducted in-person training for 155 UNH staff and contractors have received an awareness level for prevention of oil discharges and reporting and response procedures. Thirteen (13) personnel were identified as oil handling personnel in 2025 and received training for the operation and maintenance of equipment to prevent oil discharges; discharge procedure protocols; applicable pollution control laws, rules and regulations; general facility operations; and the contents of the various facility ICP and SPCC Plans.

OEHS continues to monitor total oil storage at Shoals Marine Laboratory. Since the oil storage reduction of 2015, Shoals Marine Laboratory staff have continued to reduce and minimize oil use and storage at the facility. This continued approach of overall reductions in oil storage and use on the Island means a SPCC plan is no longer required for the Shoals Marine Laboratory, as it does not meet the de-minimis threshold planning quantity of 1,320-gallons of above ground petroleum storage, in aggregate containers of greater than 55-gallons each. Current petroleum storage on the Island is now 1,256-gallons. To maintain best practices, OEHS will maintain oil spill response procedures in the Hazardous Materials Emergency Management Plan for Shoals Marine Laboratory and provide annual training to the Shoals Marine Laboratory staff for oil spill prevention and response.

7.2.1. Oil Spill Response

Occasional releases of oil or hydraulic fluids occur on campus and may require reporting to the New Hampshire Department of Environmental Services (NHDES). Reporting requirements are determined based on the nature and extent of each release.

In September 2025, a reportable release of hydraulic fluid occurred due to the failure of an elevator jack at the North Elevator of Wildcat Stadium. NHDES were notified and provided oversight during emergency response actions. OEHS also notified the Town of Durham Waste Water Treatment Plant notifying them of the release of hydraulic oil to the elevator sump as the sump is connected to sanitary sewer. A formal spill incident report was submitted to NHDES in early 2026. OEHS is currently awaiting a Letter of No Further Action from the NHDES related to this release.

OEHS also responded to incidental, non-reportable releases on campus. Two small hydraulic fluid releases associated with failed equipment; a high-pressure research unit and an elevator

scavenger system were addressed. Neither incident resulted in impacts to human health or the environment, and both were promptly contained and remediated.

7.3. Emergency Planning and Community Right-to-Know

The Emergency Planning and Community Right-to-Know Act (EPCRA), also known as SARA Title III, is a federal statute aimed at improving community access to information about chemical hazards and enhancing emergency response planning by State and local governments. EPCRA mandates the establishment of State Emergency Response Committees (SERCs) to coordinate emergency response activities and appoint Local Emergency Planning Committees (LEPCs). These committees work collaboratively to enhance emergency response and preparedness capabilities particularly at the community level.

Under EPCRA, Tier II reports are submitted annually by March 1 to provide information on hazardous chemicals stored at facilities. The Environmental Compliance Manager within OEHS participates in annual briefings held in New Hampshire and Maine alongside USEPA Region 1 representatives to stay informed about reporting guidelines and regulatory updates.

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UNH Compliance with EPCRA

In March 2025, OEHS submitted Tier II reports for reporting year 2024 (RY2024) to regulatory agencies.

UNH maintains threshold planning quantities of extremely hazardous substances and chemicals exceeding 10,000 pounds at the following locations:

- UNH Durham campus
- Shoals Marine Laboratory (SML) on Appledore Island, Maine
- Landfill Gas Processing Facility in Rochester, New Hampshire

UNH Durham Campus

In RY2024 (submitted March 2025), OEHS reported 18 chemicals or mixtures exceeding the threshold planning quantities to the SERC and LEPC. It is anticipated that the March 2026 report for RY2025 will reflect similar quantities of hazardous materials. Table 4 below provides a summary of Tier II reporting for the UNH Durham campus from 2021 through 2024.

Historical Reporting Summary

Table 4. EPCRA Tier II Chemicals reported for UNH Durham Campus for Reporting Year 2021 through 2024				
Chemical	RY2021	RY2022	RY2023	RY2024
Ammonia	2,039	1889	1,889	1,851
Diesel	35,013	35,013	35,013	38,025
Formaldehyde	326	169	169	169
FR3 (transformer fluid)	138,600	128,576	128,576	128,576
Fuel Oil #2	521,944	498,934	498,934	498,934
Hydraulic Oil (elevators)	88,006	86,566	86,566	86,566
Mineral Oil (transformers)	64,284	87,346	87,346	87,346
Motor Oil	NR	13,116	13,116	13,116
PCH-180 (Inorganic Aluminum Salt)	60,528	60,528	60,528	60,528
Propane	104,030	112,448	112,448	112,448
R-TEMP (transformer fluid)	42,741	44,598	44,598	44,598
Sand	100,000	100,000	100,000	100,000
Salt	607,350	607,350	607,350	607,350
Sodium Hydroxide	104,788	36,504	36,504	36,504
Sodium Hypochlorite	11,133	10,068	10,068	10,068
Sulfuric Acid	2,293	2,132	2,132	3,022
*Sulfuric Acid (Batteries)**	820	820	820	820
NR Not Reported, did not meet threshold planning criteriaAll quantities reported in pounds				

Shoals Marine Laboratory

Sulfuric acid and lead, typically found in large batteries used in the solar array, are the primary substances reportable under EPCRA for Shoals Marine Laboratory. Any changes to the solar array systems in 2025 may result in adjustments to the reported quantities for RY2025.

7.4. Ammonia

In 2022, UNH completed construction of a new and upgraded ice rink utilizing an ammonia refrigeration system. A Process Hazard Analysis was conducted for the ammonia refrigeration plant along with a Mechanical Integrity Plan. OEHS will continue to work with the facilities and project management to assist with safe operation and regulatory guidelines interpretation.

In 2025, USEPA Region 1 performed an inspection of the UNH Whittemore Ammonia Mechanical Room and supporting mechanical spaces in May 2025. The inspection was conducted in accordance with: the Clean Air Act (CAA § 112(r)(1)); the General Duty Clause (GDC) under the Occupational Safety and Health Administration: the USEPA's Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA § 103); and EPCRA §§ 302-313 Compliance Evaluation Inspection. In addition to the inspection, a number of program and

commissioning documents were requested.

USEPA inspectors identified a number of items requiring updates and documentation. Facilities and EH&S have worked together to complete the response actions identified by the USEPA during their inspection. In addition to the action items identified, the USEPA requested a number of administrative documents related to the Ammonia system, design and construction. To date OEHS, with support from Facilities and Facilities Project Management, have been able to produce much of the documentation requested. Regular updates have been submitted to USEPA as actionable items are addressed by the University. This effort related to closing out this inspection will continue in 2026.

8. Environmental Monitoring

8.1. Air Quality

8.1.1. Title V Air Permit

UNH holds a Title V air permit for the Cogeneration Plant, the primary source of heat and electricity for the six-million-plus square foot Durham campus and the Northwest Heat Plant, a biomass-fired, district heat plant. The New Hampshire Department of Environmental Services, Air Resource Division (NHDES) administers the permit in accordance with the New Hampshire Code of Administrative Rules Env-A 100 et seq., New Hampshire rules Governing the Control of Air Pollution.

UNH's current Title V and permits contain specific conditions that the campus must adhere to, including an annual compliance certification report. UNH filed all periodic reports on atimely basis in 2025.

8.1.2. Air Toxics

An Air Toxics Control Program for the State of New Hampshire was established in 1987 to help protect the health of New Hampshire residents and preserve the environment. This program, together with the US EPA program to control hazardous air pollutant emissions as set forth in Section 112 of the 1990 Clean Air Act Amendments (CAAAs), is designed to reduce the emissions and ambient air impacts of a number of toxic air pollutants likely to be emitted by businesses and industry in the state. Title III of the CAAAs identified 188 hazardous air pollutants (HAPs) that are likely to have the greatest impact on ambient air quality and human health on a national level. The list of HAPs regulated by EPA is published in Section 112 of the CAAAs.

The NHDES Air Toxics Control Program regulates HAP emissions, as well as over 800 regulated toxic air pollutants (RTAPs), which have a health-based risk to humans. The aim of the regulatory program is to protect public health and the environment by establishing ambient air limits (AALs) and requiring businesses in the state to reduce their emissions of any of the RTAPs, such that they do not impact the downwind air quality at levels that may exceed the established AALs. The list of RTAPs, published in NH Code of Administrative Rules Chapter Env-A 1400 Regulated Toxic Air Pollutants includes:

(1) compounds listed as HAPs by US EPA; (2) chemical substances for which a threshold limit value has been established by the American Conference of Governmental Industrial Hygienists (ACGIH); and (3) compounds not otherwise includedthat are regulated by OSHA. The AALs are reviewed and updated every year as new scientific data on toxicity becomes available.

In 2026, OEHS is planning to coordinate an updated compliance demonstration specified under New Hampshire Air Regulation, Chapter Env-A 1400.

8.1.3. Refrigerant Management Program

The purpose of UNH's Refrigerant Management Program (RMP) is:

- Maximize the recycling of ozone depleting substances (ODS) and minimize the release of ODS to the ambient air from the servicing, repairing, maintaining, and disposing of refrigeration appliances on its Durham, Manchester, and Concord campuses;
- Utilize certified technicians for the servicing, repairing, maintaining, and disposing of refrigeration appliances on its Durham, Manchester, and Concord campuses;
- Maintain proper records of refrigerant consumption, technician training, and recycling andrecovery equipment certification;
- Ensure proper repairs are made for units with significant leak rates; and Ensure UNH is in full compliance with Section 608 of the Clean Air Act (CAA) and the requirements of 40 CFR Part 82, Subpart F.

To achieve the stated objectives above, UNH requires all employees and contractors whose job duties require the handling, ordering, repairing, servicing, maintaining, or disposing of refrigerant or refrigeration appliances to review and comply with this written program.

Annual updates to the RMP in 2025 included updates to inventory of refrigerant and recycling equipment, certified technicians, and HVAC vendors. UNH is currently in compliance with Section 608 of the Clean Air Act (CAA) and the requirements of 40 CFR Part, 82, Subpart F – Recycling and Emissions Reduction.

8.2. Impacted Soils Management – Historic Fill

The Office of Environmental Health and Safety (OEHS) continued its support of the Facilities and Planning Division in managing Historic Fill and marginally impacted soils containing hazardous materials across campus. This effort included updates to the existing Soil Management Plan to address evolving needs. Throughout 2025, OEHS continued to work with facilities and others to provide support in accordance with the Soil Management Plan and regulatory guidelines concerning soil background levels and associated risks to ensure compliance and safety.

Historic Fill has been identified across campus, particularly in areas where construction activities involve excavation. It commonly consists of granular native soil mixed with combustion-derived materials such as coal ash, wood ash, slag, and cinders, along with anthropogenic materials like brick and concrete. Much of the Historic Fill on campus is likely linked to a former incinerator that was located where the current heating plant stands.

Historic Fill may contain low levels of polycyclic aromatic hydrocarbons (PAHs), other combustion by-products, or, occasionally, arsenic. To assist the University in managing risks associated with Historic Fill, OEHS developed two key plans in 2018, revised 2024:

- **The UNH Soil Management Plan:** Provides guidelines for handling, stockpiling, and managing site soils through either onsite burial with a cap or offsite disposal. It also includes measures to minimize material migration and protect the community during and after construction activities.
- **The Health & Safety Plan (HASP):** Outlines engineering controls and personal protective equipment (PPE) requirements to protect workers and the community from potential exposure to impacted soils.

These plans align with the New Hampshire Department of Environmental Services (NHDES) recommendations for self-management and ensure effective and compliant management of Historic Fill during construction projects.

OEHS continues to collaborate with other campus divisions to ensure proper soil management through education, training, and oversight. As reported in previous annual updates, Historic Fill has been identified in several areas across campus. UNH anticipates encountering it during ground-disturbing construction activities.

In addition to procedural guidelines, the Soil Management Plan provides instructions on performing site assessments prior to digging, providing soil categories for the campus and how best to manage those soils when encountered. The HASP offers procedures for site controls and PPE to ensure the safety of workers and the surrounding community.

In 2023, OEHS partnered with the UNH Planning Geographic Information Systems group to map areas on campus known or suspected to contain potential environmental conditions. These maps, integrated into the UCAT system, provide Facilities Project Managers and Planners with a valuable tool to assess potential project impacts.

8.3. Land Management

In or around 1965 UNH acquired a property located on Garrity Road in Lee, New Hampshire. Initially, the property served as a ‘borrow’ pit where sand was excavated for use in various UNH projects. By 2004, the site’s purpose began to evolve, with activities expanding to include temporary storage of hardscape materials from projects, as well as brush and debris from grounds maintenance. More recently, in response to the requirements of the USEPA MS4 Stormwater Management permitting, UNH constructed an approved stormwater management facility at the Garrity parcel in 2024. This stormwater management system serves as a staging area for managing storm drain sludge prior to off-site disposal.

Given the historical and evolving uses of the property, the Office of Environmental Health and Safety (OEHS) initiated a review of the site in collaboration with third-party consultants in 2024. This effort aimed to develop a comprehensive understanding of the conditions of the current use

of the property and identify potential environmental risks and compliance status with New Hampshire Department of Environmental Services (NHDES) regulations. OEHS is continuing to work with others to define an appropriate sustainable plan for management of this site.

9. Laboratory Safety

9.1. Biological Safety

9.1.1. Institutional Biosafety Committee

The UNH Institutional Biosafety Committee (IBC) develops guidelines and procedures to ensure the health and safety of all faculty, staff, students, patients, and visitors to UNH and to ensure all federal, state, and local regulations for biological safety are followed. Committee membership includes fourteen people with expertise in various life science and engineering disciplines including microbiology and molecular biology, genetically modified organisms, plant and animal research, and biological safety. Community representation is required on the committee based on the National Institutes of Health (NIH) Guidelines for Research Involving Recombinant and Synthetic Nucleic Acid Molecules. Community members represent public interests which creates transparency in research with recombinant and synthetic nucleic acid molecules at the University. Louise Griffin, Associate Vice President and Chief Research Administration Officer, serves as the Institutional Official of the IBC and biological safety programs.

Table 5. 2024 Institutional Biosafety Committee Membership

Name	Representing	Affiliation
Audrey Cline	Municipal: Durham Code Enforcement	Community
John Collins	Molecular, Cellular, and Biomedical Sciences	UNH
Sherine Elsawa (Chair)	Molecular, Cellular, and Biomedical Sciences	UNH
Andy Glode	Environmental Health and Safety	UNH
Victoria Jeffers	Molecular, Cellular, and Biomedical Sciences	UNH
Kim Lemay	Private Industry	Community
Linqing Li	Chemical Engineering	UNH
Carol Loring	Private Industry	Community
Subhash Minocha (ad hoc)	Biological Sciences, plant expert	UNH
Linnea Morley	Animal Resource Office, animal expert	UNH
Nathan Oldenhuis	Chemistry	UNH

Won Hyuk Suh	College of Professional Studies, UNH Manchester	UNH
Laurie Westover	COLSA Dean's Office	UNH
Dana Buckley	Environmental Health and Safety	UNH

There are 78 active protocols across four colleges being overseen by the Committee. The protocols represent research and teaching projects in Biosafety Level 1 (BSL-1) and Biosafety Level 2 (BSL-2) containment (Figure 14, below).

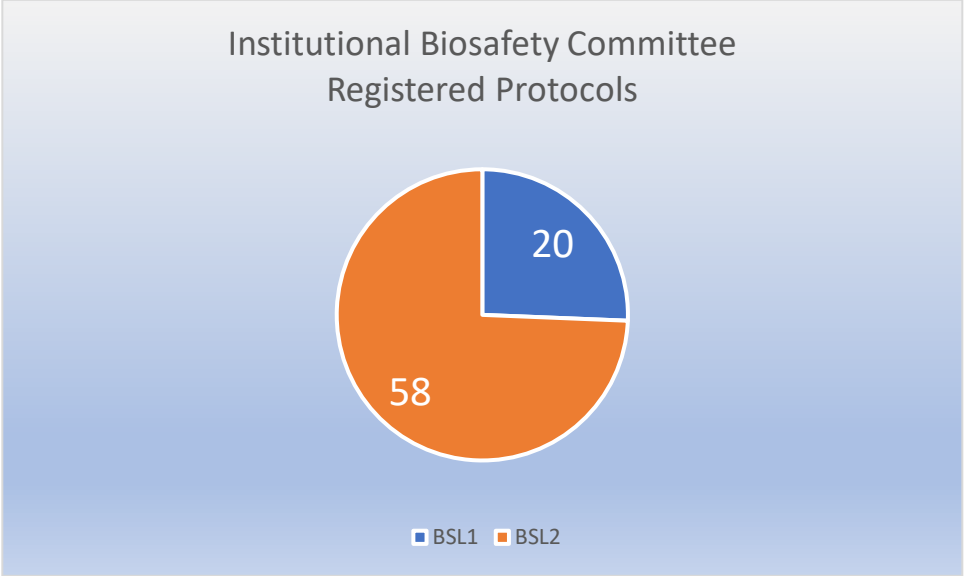


Figure 14 Research and teaching protocols registered with the Institutional Biosafety Committee

The annual report for the Institutional Biosafety Committee was submitted to the National Institutes of Health on June 20, 2025and was accepted on August 28, 2025.

Institutional Biosafety Committee protocols are renewed on a 3-year cycle. There were 29 new or renewed protocols approved in 2025. Laboratory inspections were completed in support of all registered protocols.

9.1.2. Biocontainment Laboratories

UNH Durham and UNH Manchester campuses operate labs using Biosafety Level 1 and Biosafety Level 2 containment. Biosafety Level 1 includes laboratories that work with defined and characterized strains of viable biological agents not known to consistently cause disease in healthy adult humans[i]. Biosafety Level 2 includes laboratories that use a broad-spectrum of biological agents and toxins that are associated with causing disease in humans of varying severity[ii]. The UNH Durham and Manchester campuses have a total of 210 biocontainment laboratories and of those 69 are BSL-1 containment and 126 are BSL-2 containment.

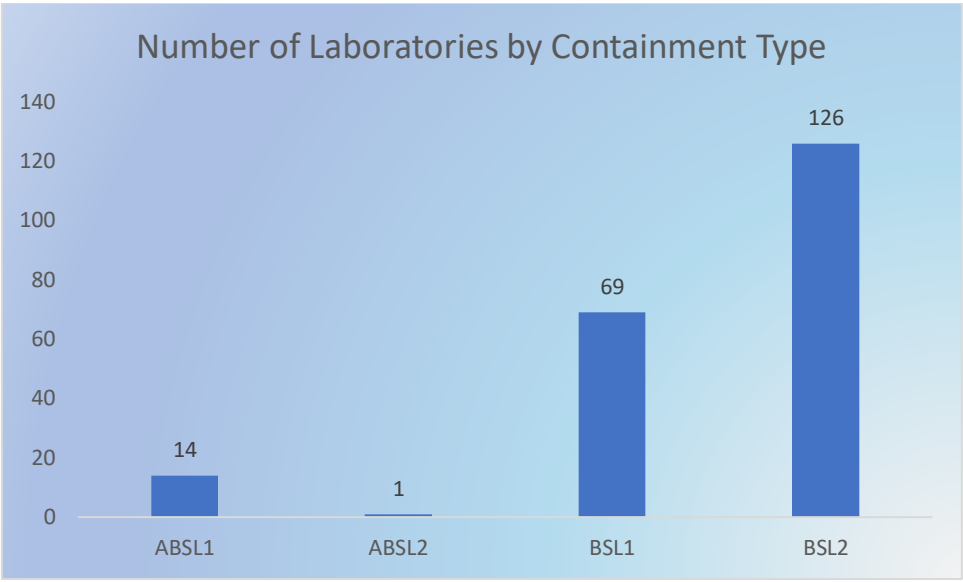


Figure 15 Biosafety lab distribution

9.1.3. Engineering Controls

Biological Safety Cabinets (BSC) are the primary engineering control for containment of infectious aerosols when handling biohazardous materials. Durham and Manchester campuses have Class IIA2 recirculating cabinets, which are appropriate for the research and teaching labs handling biohazardous materials. There are 96 cabinets on the campuses.

Equipment is certified annually by third-party contractors hired by the department that owns the equipment and OEHS maintains certification data in UNHCEMS®.

9.1.4. Treatment of Regulated Medical Waste

UNH continues to manage regulated medical “biohazardous” waste through the red bag biobox system. All waste from laboratories and medical facilities on the Durham and Manchester campuses is removed and treated by incineration through the contracted licensed waste provider, Advowaste Medical Services. Some laboratories are given permission by the Biosafety Officer to use steam sterilization if they maintain testing and recordkeeping for compliance with the NH Department of Environmental Services Infectious Waste Regulations. In addition, some laboratories with permits issued by the US Department of Agriculture Animal & Plant Health Inspection Service (USDA APHIS) are required to autoclave biohazardous wastes as a condition of their permit. Those laboratories also maintain their own testing and records.

9.1.5. Institutional Animal Care and Use Committee

The Institutional Animal Care and Use Committee (IACUC) meets monthly to review animal research activities. Two members from OEHS participate on the committee as non-voting members to provide input for biological safety and occupational safety issues. The IACUC and Institutional Biosafety Committee overlap in the review of transgenic animal work and biological vector and infectious agent use in animals. Coordination between both committees is essential for timely review and approval of scientific research.

9.1.6. Bloodborne Pathogens Program

The annual review and revision of the campus Exposure Control Plan was completed in December 2025 and no changes were necessary. There were no needlestick injuries reported in 2025.

Compliance data for other OSHA Bloodborne Pathogens Standard requirements include:

- 853 people completed training
- 14 employees completed the Hepatitis B declination form
- 23 people completed sharps safety training
- 1 person completed the safety engineered sharps survey

Departments such as UNH Police, Athletics, Campus Recreation, Nursing, and Health and Wellness maintain their own training and vaccine records. OEHS maintains records in UNHCEMS® for departments that elect to take online or in person training with the Biosafety Officer.

9.1.7. Biosecurity

COLSA continues its biosecurity program for the second floor of Rudman Hall where infectious agents are stored. Principal Investigators are responsible for keeping an accurate record of their biological inventory and OEHS provides technical support as needed for any PI requesting to keep their inventory in UNHCEMS®.

UNH Manchester's Biotechnology Innovation Center duplicated the biological inventory tracking database created by OEHS for the Durham campus and is tracking all tenant biological inventory in UNHCEMS®.

Biosecurity at the farms and in the field are maintained by each Principal Investigator or Program Director according to their custom program which is evaluated through a risk assessment by subject matter experts, and with technical input from the Biosafety Officer.

9.1.8. Training

Multiple training requirements were completed in 2025. Figure 16 shows training by requirement type and the number of people who attended training, either in person, or online through UNHCEMS®.

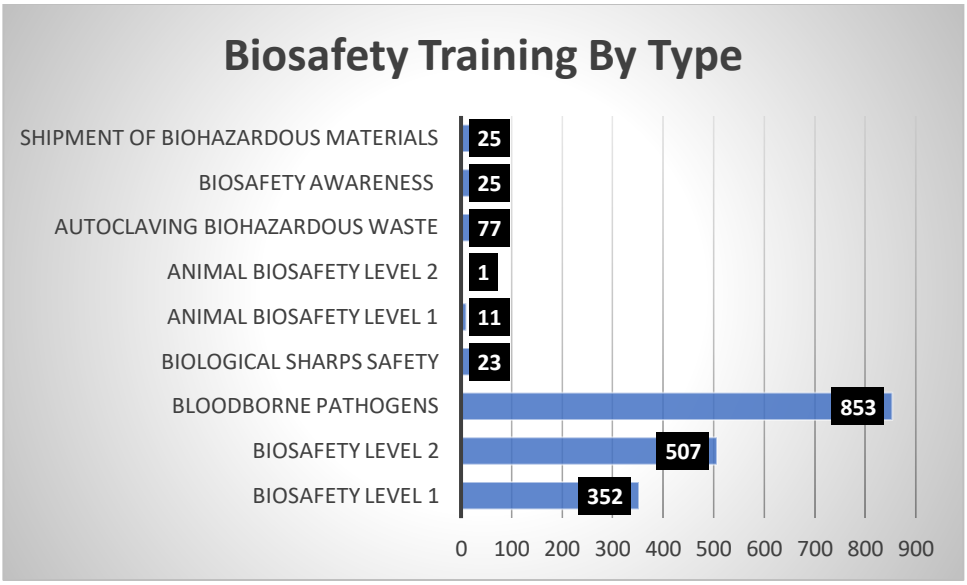


Figure 16 Participation in biosafety training by type of requirement

9.2. Chemical and Laboratory Safety

9.2.1. Laboratory Safety Inspections

Formal, laboratory safety inspections were performed throughout the year. These included the Plant Diagnostic Lab, UIC, Keener Dairy Research center, NHVDL, Rudman Hall, Spaulding Vivarium and Parsons Hall. In addition to scheduled lab inspections, laboratory safety deficiencies were observed, communicated, and corrected during regular visits, such as tripping hazards, separation of incompatible hazardous waste, lack of personal protective equipment, blockage of or not maintained emergency equipment.

9.2.2. Chemical Safety Committee

OEHS continues to administer and support the UNH Chemical Safety Committee (CSC). Representatives from OEHS organize and attend quarterly meetings, compile minutes, and fulfill other administrative requirements for the committee. Additional discussions included topics such as the Chemical Hygiene Plan, the hazardous waste program updates, training updates, laboratory safety updates, laboratory safety renovations, emergency equipment, laboratory ventilation, UNHCEMS updates, and new trainings available in UNHCEMS.

9.2.3. Regulatory Compliance Services

OEHS administration of the UNHCEMS® Parsons Hall Flammable Liquid Report in 2025 resulted in successful maintenance of compliance obligations. UNHCEMS® automatically sends an alert to OEHS, Principal Investigators, and the DFD when volumes of flammable liquids in laboratories in Parsons Hall exceed fire code storage limits. In addition, UNHCEMS® sends a warning to OEHS and Principal Investigators (PIs) when inventories approach the storage limit, allowing us to evaluate inventories internally before reporting to the fire department is required. OEHS continues to work with PIs to facilitate accurate reporting of flammable liquid inventories and accurate reporting to our emergency responders. This year there were no threshold or over-limit

alerts. Monthly checks on inventory and reaching out to PIs when the threshold was close resulted in no alerts.

9.2.4. Chemical Fume Hood and Laboratory Ventilation Assessments

OEHS continued to perform detailed evaluations of laboratory chemical fume hood operation and performance in 2025 ensuring essential functions. OEHS assesses the operation of each UNH's 431 fume hoods annually and whenever hoods are reported to have operational deficiencies. This year, OEHS conducted 1,078 fume hood assessments (Figure 17). The chemical fume hood is the primary engineering control protecting workers in research laboratories from hazardous chemical exposures; as a result, OEHS dedicates significant resources to evaluate fume hoods for safe operation.

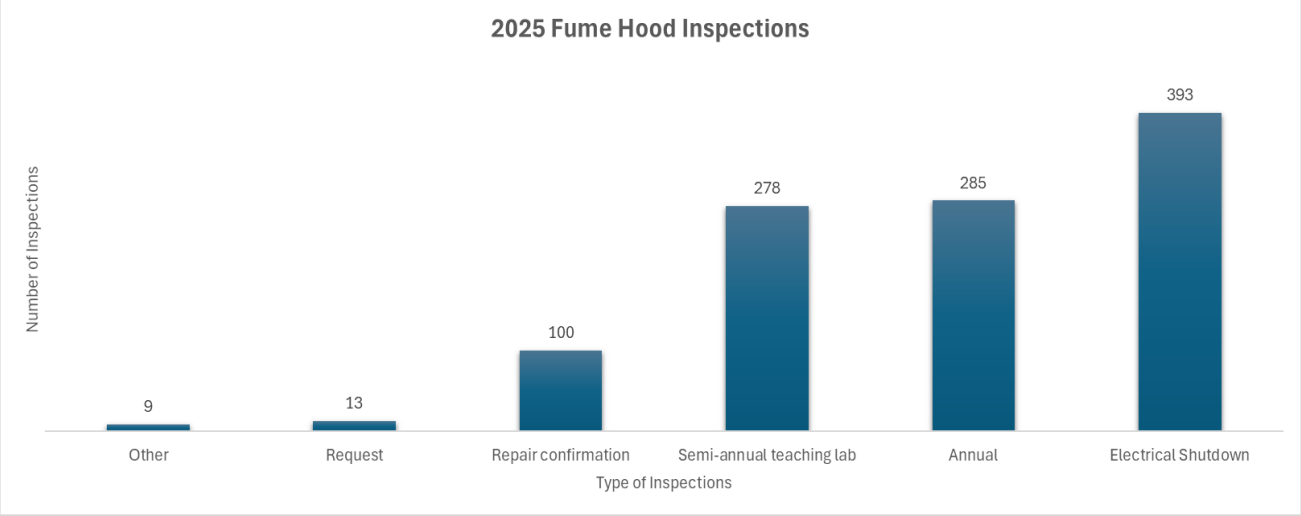


Figure 17 Fume Hood inspection and inspection types performed by OEHS

In addition to evaluation of chemical fume hoods, OEHS also assesses operation of other laboratory ventilation components that may influence worker health and safety. These components include gas cabinets, snorkel exhausts, canopy exhausts, other point source ventilation, valve and actuator operations, dampers, and alarms and control devices including face velocity monitors and flow controllers.

9.2.5. Laboratory Safety Technical Services

OEHS staff provides technical safety services to teaching and research laboratories at UNH and UNH-M. These services include providing chemical safety information, incident investigation, odor investigations, laboratory exhaust evaluation, recommendations for chemical storage and segregation, assessment of PPE, evaluation of new procedures, training, and regulatory compliance services. Examples of select projects and services performed in 2025 include the following:

- We evaluated and identified appropriate glove options compliant with EPA TSCA

requirements for work involving dichloromethane, balancing regulatory compliance with the need for dexterity in research laboratory operations.

- OEHS collaborated with multiple research groups to review the placement of new laboratory equipment, ensuring compliance with ventilation requirements, emergency equipment access, and other critical safety considerations.
- Participated in and reviewed a trial run of a new Standard Operating Procedure (SOP) for a potentially hazardous reaction, providing feedback to strengthen safety controls prior to full implementation.
- Identified a significant compliance issue with emergency eyewash stations at the Manchester campus. Supplied portable eyewash units allow instructional labs to continue safely while permanent corrective actions were implemented.
- Determined that the Manchester campus lacked shutdown procedures comparable to those in place in Durham, affecting emergency equipment and fume hood ventilation during maintenance activities. Developed comprehensive procedures and maps identifying equipment locations for required signage prior to system work. These resources were published on the OEHS webpage alongside other building-specific water shutdown procedures.
- Identified individuals and groups on campus receiving chemicals directly to laboratories rather than through the central receiving location at 11 Leavitt Lane, resulting in hazardous materials not listed in the CEMS database. After identifying confusion in the ordering process, OEHS revised ordering guidance and worked with Purchasing to prominently display instructions on the USHOP homepage.
- Identified an unsafe practice involving the manual scooping of dry ice from a deep storage bin in the chemistry stockroom, presenting an oxygen-deficiency hazard. Implemented corrective actions by providing a long-handled shovel and installing warning signage to reduce risk.
- Partnered with the Energy to investigate pressure differentials affecting laboratory doors in the west wing of Parsons Hall, strong enough to keep doors from properly closing. Our office identified a faulty sensor that was cutting off the flow of make-up air to the lab space. Resolving these issues improves laboratory safety, reduces equipment strain, and lowers energy costs.
- Reviewed the Peroxide Forming Chemical Program and identified enhancements to both testing accuracy and chemical tracking. Improvements included adopting more reliable test kits, developing new training for personnel working with peroxide-forming chemicals, and adding enhanced tracking features to UNHCEMS (see Section 11.3).
- During the review of peroxide-forming chemicals in inventory, OEHS identified a small number of legacy chemicals that exceeded recommended disposal timelines. Coordinated removal of these chemicals with Clean Harbors (see Section 11.1), prompting broader discussions with departments on the importance of timely hazardous material disposition following faculty departures.
- Participated in COLSA high school laboratory tours at UNH by providing safety briefings at the start of each visit, introducing OEHS, and reviewing key laboratory

safety equipment and procedures.

9.2.6. Laboratory Safety Training

OEHS provides laboratory safety training for the campus community. Below is a list of trainings provided and number of individuals who completed the training (Table 6).

Table 6. Laboratory Safety Training Provided in 2025	
Training Title and Description	**2025 attendees**
Laboratory and Chemical Safety Training: fundamentals of chemical safety, hazard communication, controlling hazards, and emergency response procedures.	582
Review of Laboratory and Chemical Safety: Live review session for those who have already completed Laboratory and Chemical Safety Training	27
Cryogenic Liquid Safety Training: required for those using liquid cryogens	61
Dry Ice Shipment Training	31
Lab Safety Awareness for Introduction to Lab Sciences	2011
Shipment of Infectious or Potentially Infectious Material Training	29
Methylene Chloride/DCM	6
COLSA Grad Safety Training	48
New Trainings Created in 2025	
Compressed Gas Cylinder	1
Peroxide Former Training	17

10. Hazardous Materials

10.1. Chemical Transfer Station

OEHS continued to operate the Chemical Transfer Station (CTS) in 2025. Chemical orders for all research chemicals, except those for the Chemistry Department, are received at the CTS.

OEHS staff receive chemical deliveries at the CTS, barcode the chemical containers, and collect information required for the chemical inventory. Packages are then re-sealed and delivered directly to research laboratories on the same day the package is received.

Annual trends for 2025 (Figure 18) showed a decrease in containers from 2024. The sum of containers added to the inventory in 2025 includes routine new containers, chemicals ordered by the lessees, chemical containers found in labs during inventory verification without barcodes.

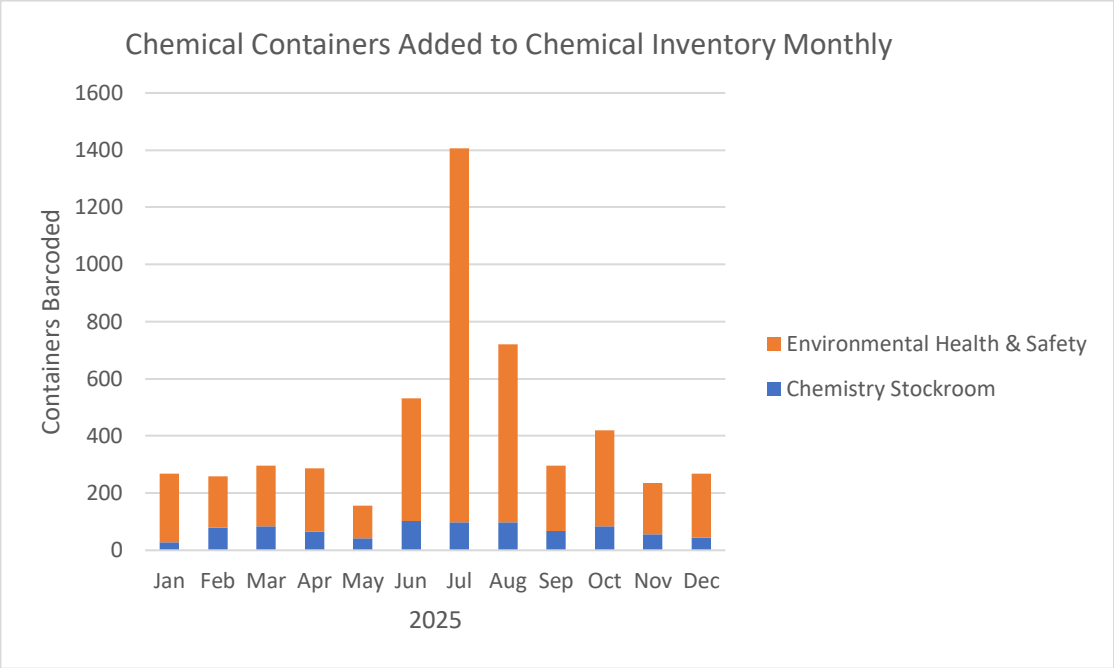


Figure 18 Chemical Containers Added to Chemical Inventory Monthly in 2025

10.2. Chemical Inventory Verification Program

A chemical inventory verification was conducted from June 9th through August 14th, 2025. This program is critical for verifying the inventory of chemicals on site and ensuring UNH stays within permitted limits. The inventory team scanned approximately 33,600 chemical containers across 25 buildings, which included research laboratories, arts facilities, physical sciences, and other spaces on UNH Durham campus. Additionally, 2,700 containers were barcoded while in the field, and approximately 3,900 containers marked empty during the program.

10.3. UNHCEMS®

Data collection and compliance reporting for OEHS heavily relies on UNHCEMS®, a vital resource utilized by the entire University community. In 2025, there were approximately 18,637 active users (as compared to 23,075 active users from 2024). These users include faculty, staff, students, visiting researchers, and contractors, all accessing the software program online.

UNHCEMS serves as the primary platform for tracking regulatory compliance, chemical inventories, training and continuing education, emergency response modules, and safety data sheets. OEHS provides essential support to the UNH community by facilitating access to these resources, offering training and technical assistance, and acting as a liaison between the software development team in Research Computing Center (UNH Innovations) and campus stakeholders.

10.3.1. Key Statistics

For the UNH Durham campus, key statistics related to the chemical inventory and hazard

communications for 2025 include:

- 46,885 active chemical containers on campus
- 7,035 containers marked empty
- 76,944 Safety Data Sheets in library
- 667 active Door Caution Signs

10.3.2. New UNHCEMS Features

EHS and the Research Computing Center worked together to develop additional resources and enhance existing modules in UNHCEMS. Below is a summary of UNHCEMS features enabled in 2025:

- External Data Sources were created to combine UNHGIS room and building data with the rooms and buildings databases in UNHCEMS. This allows for faster identification and updates as buildings numbers change or new buildings are brought online.
- Action Items (create and track tasks with workflow and notifications; designed to work with custom forms allowing the automatic creation of action items depending on how users answer form questions)
- SDS Data Extractor (automatically extract chemical information, hazard classifications, and peroxide former status from an SDS)
- Chemical Delivery Tracker (includes offline HandyCEMS integration with delivery photos; automated delivery receipt or attempted delivery emails)
- Share Chemical Inventory by Department
- Chemical Share Request (CEMS can be configured to allow users to request a share of another user's inventory without showing the requester the owner or location details)
- New Custom Form Elements: select another custom form record, multi-value room, multi-value files

10.4. Hazardous Materials Management

10.4.1. Operation Guidelines and Peroxide Formers

EHS utilized the UNHCEMS Operation Guidelines feature to improve management of peroxide formers. The Operation Guidelines feature automates processes for reviewing new and existing peroxide former inventory. The Laboratory Safety Manager can utilize the feature to prompt chemical owners to review guidance documents related to Peroxide Former use, storage, and testing. Implementation of the Operation Guidelines feature increases accuracy of UNH Peroxide Former inventory, initiates targeted communication to owners of the materials, and helps ensure completion of periodic review and testing. Future plans include development of tools in UNHCEMS to track peroxide former testing.

10.4.2. Chemical Delivery Tracker

EHS and RCC created a new package delivery tracking system for use by the Chemical Transfer Station, improving efficiency and communication. Now packages are tracked electronically from the moment they arrive at the Transfer Station up to delivery to the chemical owner on campus. The system notifies the recipient that a delivery has been completed and provides a photo of the delivery.

10.4.3. Legacy Chemical Reduction and Laboratory Management

OEHS assists researchers and staff to reduce the amount of legacy chemicals across campus. UNHCEMS® plays an instrumental role in identifying legacy chemicals, tracking laboratory relocations, and facilitating the redistribution of valuable chemicals. When researchers retire or are assigned new or are assigned new laboratory spaces, inventory data from UNHCEMS® is exported to the EHS Laboratory Safety Manager for review. This process ensures the disposal of unnecessary chemicals and the redistribution of usable ones to other researchers.

10.5. Hazardous Materials Shipping

OEHS continued efforts to maintain compliance with hazardous material shipping regulations by offering guidance, training, on-site review, and reference material to the UNH community. OEHS provided professional guidance and training to UNH research groups in 2024. This included providing guidance for domestic and international research material shipments.

OEHS offers shipment of dry ice online training ice online. In 2024, thirty (30) researchers passed the training requirements to receive a certificate to ship dry ice by air. OEHS also shipped 4 hazardous material packages for research purposes.

10.6. Hazardous Waste Management

OEHS provides hazardous waste management support to faculty, staff, and students at the Durham campus as well as the Manchester campus, UNH School of Law, Jackson Estuarine Laboratory, Coastal Marine laboratory, Shoals Marine Laboratory, John Olson Advanced Manufacturing Center and the UNH Automotive Garage. We manage US EPA, State of New Hampshire, and State of Maine regulated hazardous waste materials generated throughout the year as a byproduct of research, teaching, and facilities operations. In addition, the staff have been involved in several projects and initiatives to limit the university's environmental liability by assuring proper transportation and disposal of hazardous materials and wastes and by reducing the quantity and toxicity of hazardous waste streams generated.

This year OEHS hazardous waste staff were involved in the following special projects:

- Coordinated recycling of 1,999 pounds of lithium-ion batteries from the Olson Advanced Manufacturing Center.
- Coordinated a high hazard stabilization event at Parsons Hall to dispose of unstable chemical reagents.

Managed cleanout of all remaining chemical reagents from Kendall and Conant Halls.

10.7. Inventory Reductions

In 2025, OEHS disposed 1,631 containers of legacy hazardous chemicals, increasing safety and reducing liability. These materials included:

- Disposal of legacy and surplus chemical reagents from Parsons (483), Kendall (483), Jackson Laboratory (384), Morse (82), Conant (76), James (45), and Kingsbury (17).
- This represents the following chemical inventory reductions by building: Conant (100%), Kendal (100%), Jackson Laboratory (50%), Barton-Cole (11%), James (6%), Morse (5%).

10.7.1. Summary of Hazardous and Universal Waste Generated

As a result of various campus activities, the following statistics represent chemical and biological waste generation and disposal for the University in 2025.

Total Chemical and Biohazardous Waste generated:

- Chemical Waste: 15,826 kilograms
- Biohazardous Waste: 2200 cubic feet

Quantities of hazardous chemical waste generated across campus departments and buildings are displayed in Figures 19 and 20 below. Overall, approximately ninety percent of the waste is generated through academic and research activity, with operation and support functions contributing the remaining ten percent.

In 2025, the Chemistry Department (Parsons Hall) continued to be UNH's largest generator of hazardous waste. Chemistry will likely continue to lead hazardous waste generation due to the nature of the science. Teaching required chemistry courses for approximately fourteen hundred undergraduate science and engineering students each semester accounted for 20% of the department's waste generation.

The hazardous waste produced by Cooperative Extension (Lakes Lay Monitoring Laboratory) in Spaulding Hall and the Department of Natural Resources and the Environment in James Hall is generated primarily by the research of two laboratories. These laboratories produced 92% and 82% of the hazardous waste generated at Spaulding and James Hall, respectively.

Annual waste production at the Co-Gen/Central Heating Plant is significant and variable year to year due to periodic maintenance requirements. Routine waste streams, however, such as used oils and contaminated wipers, have been static.

The New Hampshire Veterinary Diagnostic Laboratory (NHVDL) generates histopathology chemical wastes related to veterinary laboratory services provided to New England region veterinarians, various NH state agencies, and state and local law enforcement agencies and contract services. Waste output from NHVDL has increased 55% since 2020 and is currently the

University's second largest hazardous waste generator.

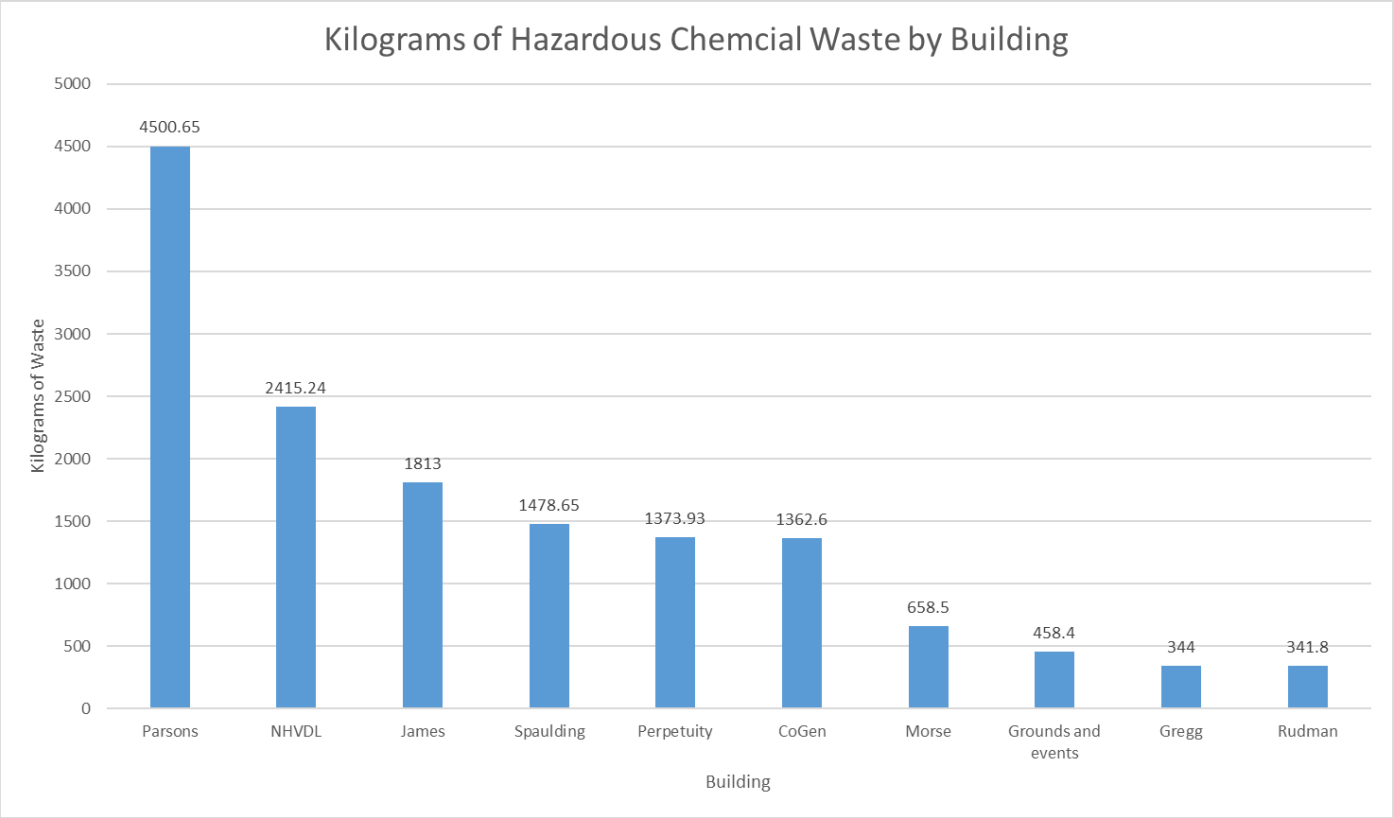


Figure 19 Kilograms of Hazardous Chemical Waste Disposed in 2025 by Building

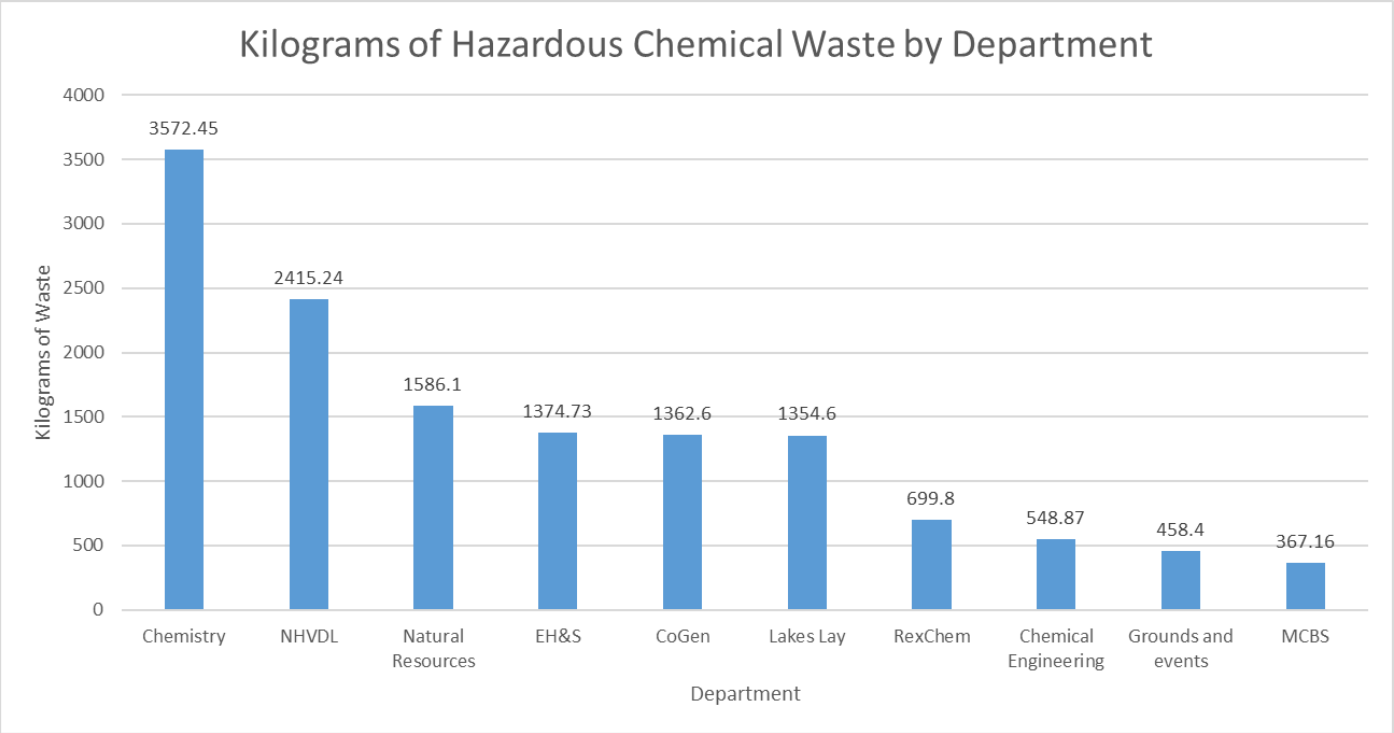
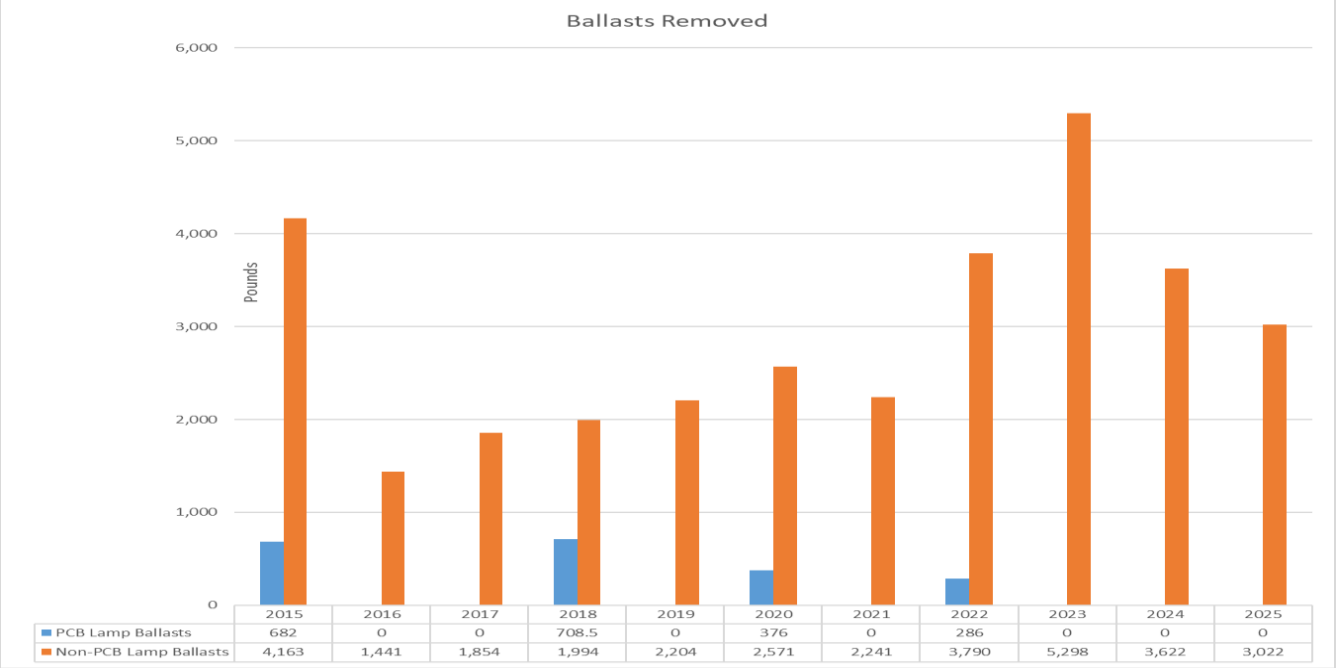


Figure 20 Kilograms of Hazardous Chemical Waste Disposed in 2025, by Department

10.8. Universal Waste Management

Universal Waste generation in 2025 saw a significant increase in disposal of ballasts due to the re-lamping of the university with LED lamps. Nearly nine miles of fluorescent lamps went out to recycling which is roughly equivalent to the distance between Durham and Kittery, Maine. One and a half tons of ballasts were likewise recycled. The increase is attributed to the ongoing replacement of fluorescent lamps with LED lamps which do not require ballasts. HID lamps received for recycling continued with low numbers (142) most of which were new-old-stock. This is consistent with phasing out of the type of lamp (Figure 26). In 2025 lead acid battery recycling saw recycling rates slightly above historical trends with nearly 3.0 tons sent for recycling (Figure 27). This is due to the periodic replacement of batteries from back-up lighting and computer systems throughout the university. Figure 24 shows figures for the disposal of alkaline and other types of batteries from the University. Last year, 2,375 pounds of other types of batteries were sent for recycling. Figure 25 shows an elevated rate of disposal of fluorescent U-tubes over historical trends. It is noted that a large proportion of these U-tubes are new old stock being cleared out of storage due to this style being phased out. Fluorescent circline lamps are virtually non-existent; the phase-out of this type of lamp is essentially complete. In addition to universal wastes, 148 pounds of copper wire and 550 pounds of steel were diverted from the trash and recycled in 2025.



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
PCB Lamp Ballasts	682	0	0	708.5	0	376	0	286	0	0	0
Non-PCB Lamp Ballasts	4,163	1,441	1,854	1,994	2,204	2,571	2,241	3,790	5,298	3,622	3,022

Figure 21 Ballasts Removed from Campus from 2015 through 2025

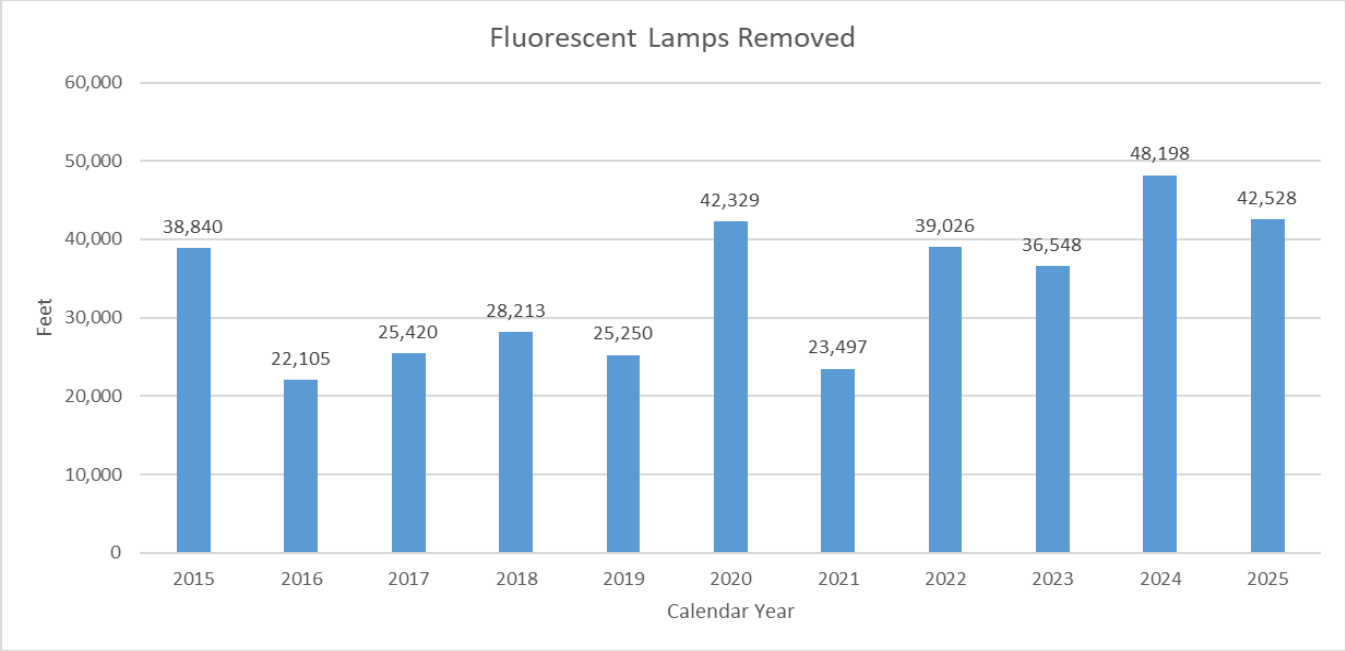


Figure 22 Fluorescent Lamps Disposed by OEHS from 2015 through 2025

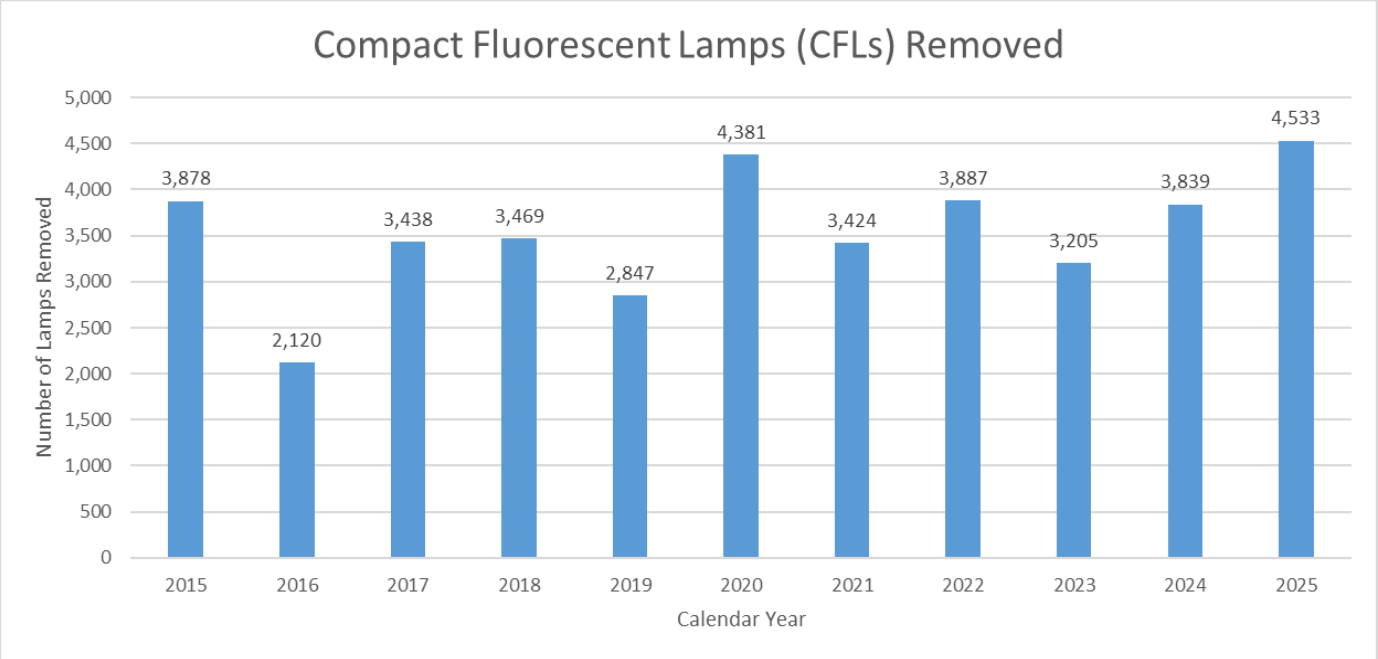


Figure 23 Compact Fluorescent Lamps Disposed by OEHS from 2015 through 2025

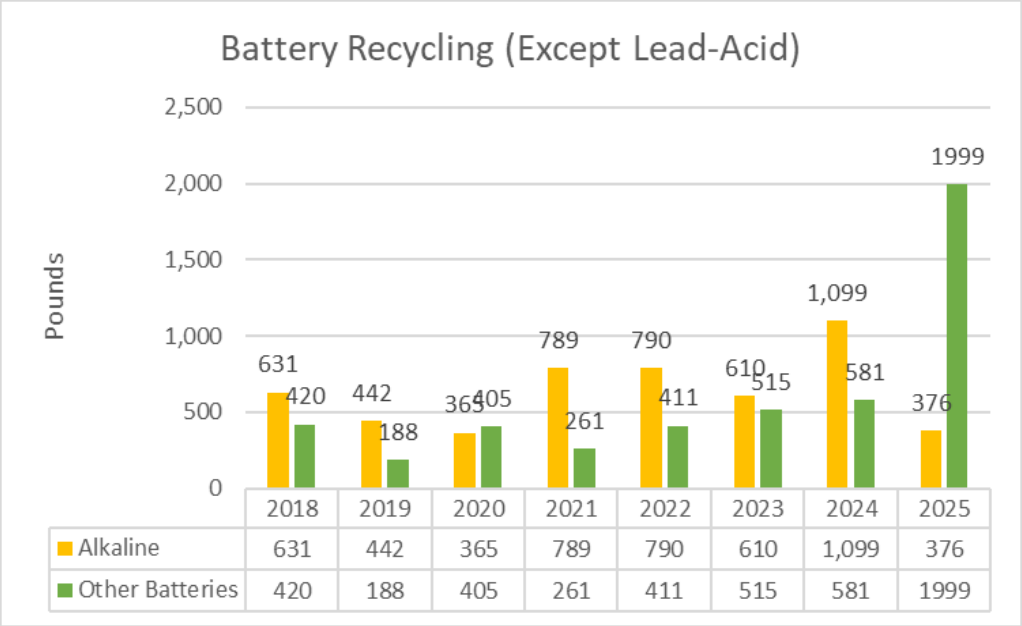


Figure 24 Alkaline and other batteries recycled by OEHS from 2018 through 2025

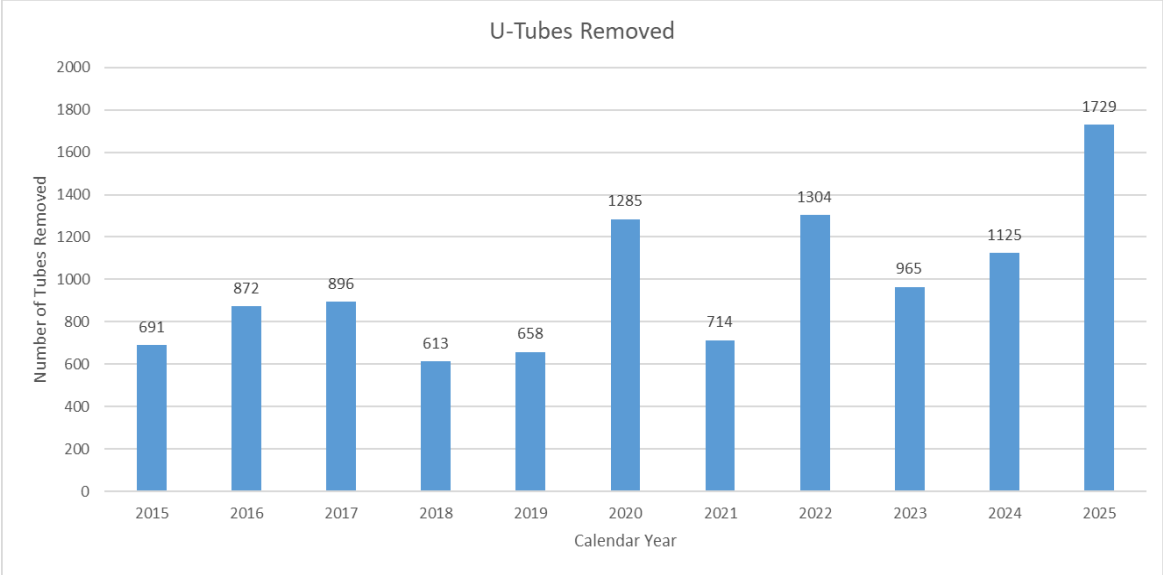


Figure 25 U-Tube lighting disposed of by OEHS from 2015 through 2025

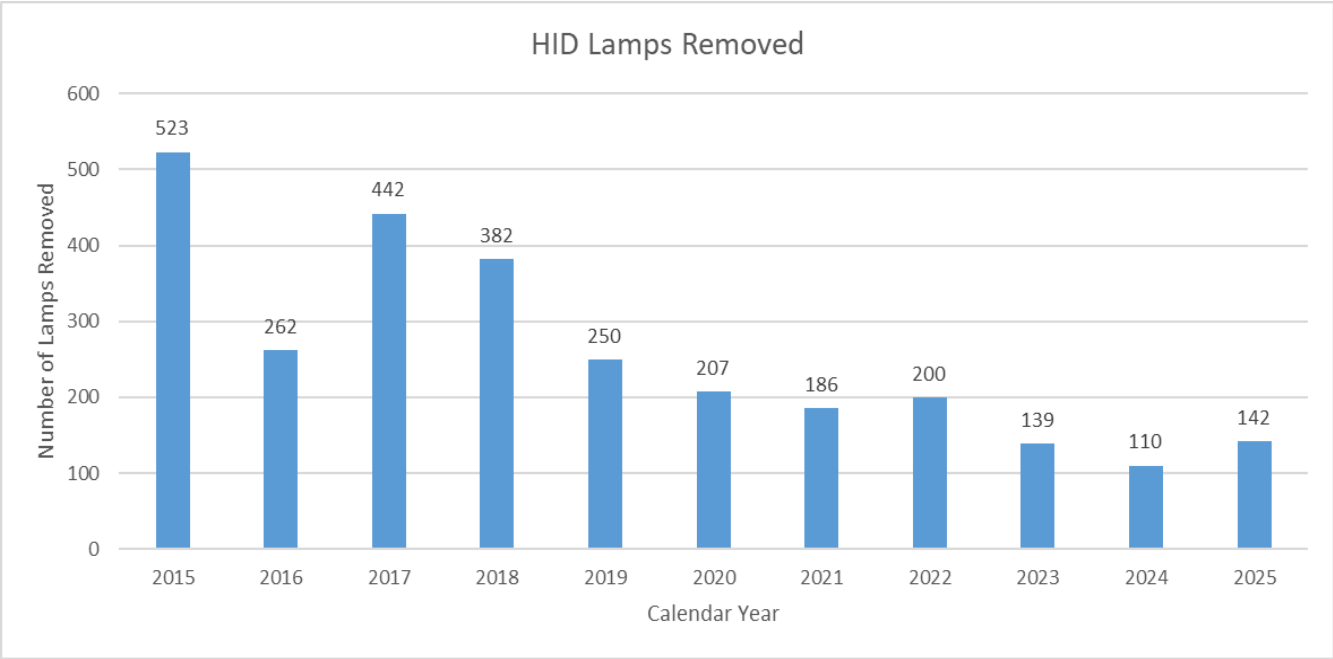


Figure 26 Number of HID Lamps Disposed by OEHS from 2015 through 2025

Figure 28 summarizes the pounds of lead-acid batteries disposed of between 2015 and 2025. Prior to 2019 the quantity of lead-acid batteries sent for recycling has been reasonably consistent averaging 3,488 pounds per year plus or minus 500 pounds. In 2019 a significant increase was seen in waste lead-acid battery generation due to the University purchasing two solar power arrays and the replacement of lighting units to use LED technology. Since 2020 the average pounds of lead acid batteries sent for recycling increased to 4,652 pounds per year, much of this was due to IT performing routine maintenance on their power pack-up systems.

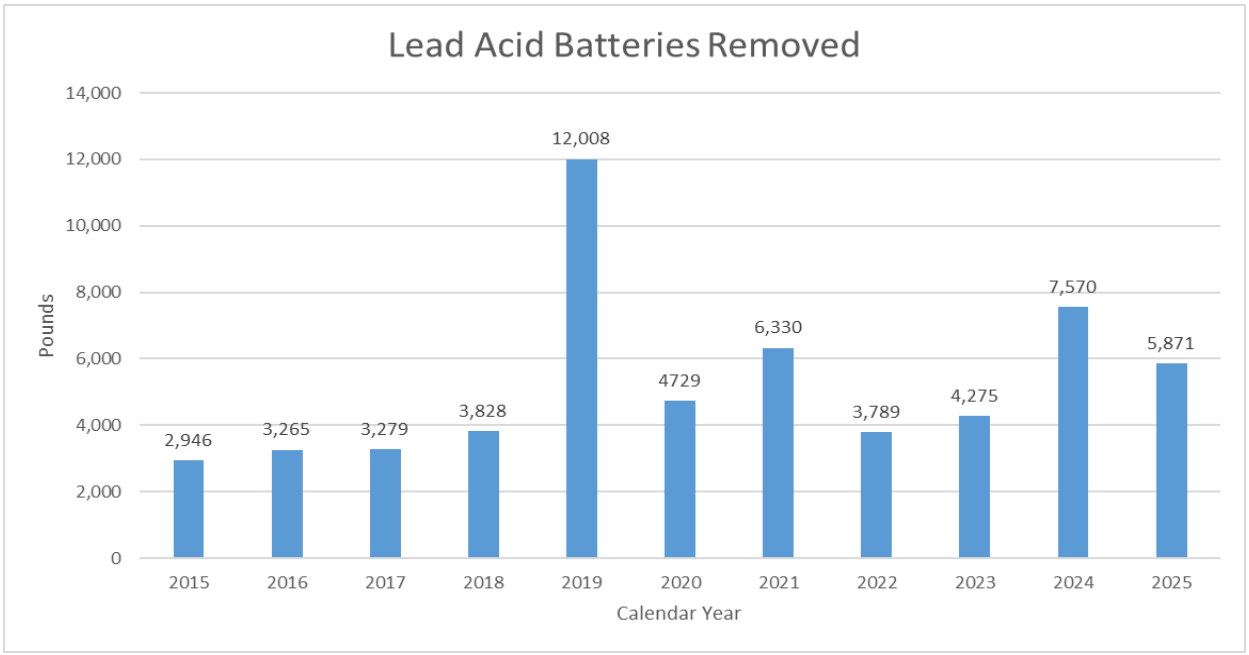


Figure 27 Lead Acid Batteries Disposed by OEHS from 2015 through 2025

Routine maintenance of emergency lighting is another significant source of lead-acid batteries

being recycled by the OEHS.

As existing emergency lighting fixtures are replaced with modern, efficient light emitting diode (LED) type designs we may see a reduction in lead-acid battery generation and an increase in other regulated battery types such as nickel-cadmium or lithium.

Figure 28 summarizes the Infectious Waste Disposal. The spike in 2020 is due to the COVID Testing Lab infectious waste being handled by OEHS that year. During 2021 and until its closing in early 2023, COVID Testing Lab infectious waste disposal was not managed by OEHS.

In 2022, UNH reduced the number of autoclaves used for steam sterilization, transitioning to off-campus incineration. This increased the generation of boxed infectious waste beginning in 2022. This has resulted in the doubling of the number of boxes shipped per year.

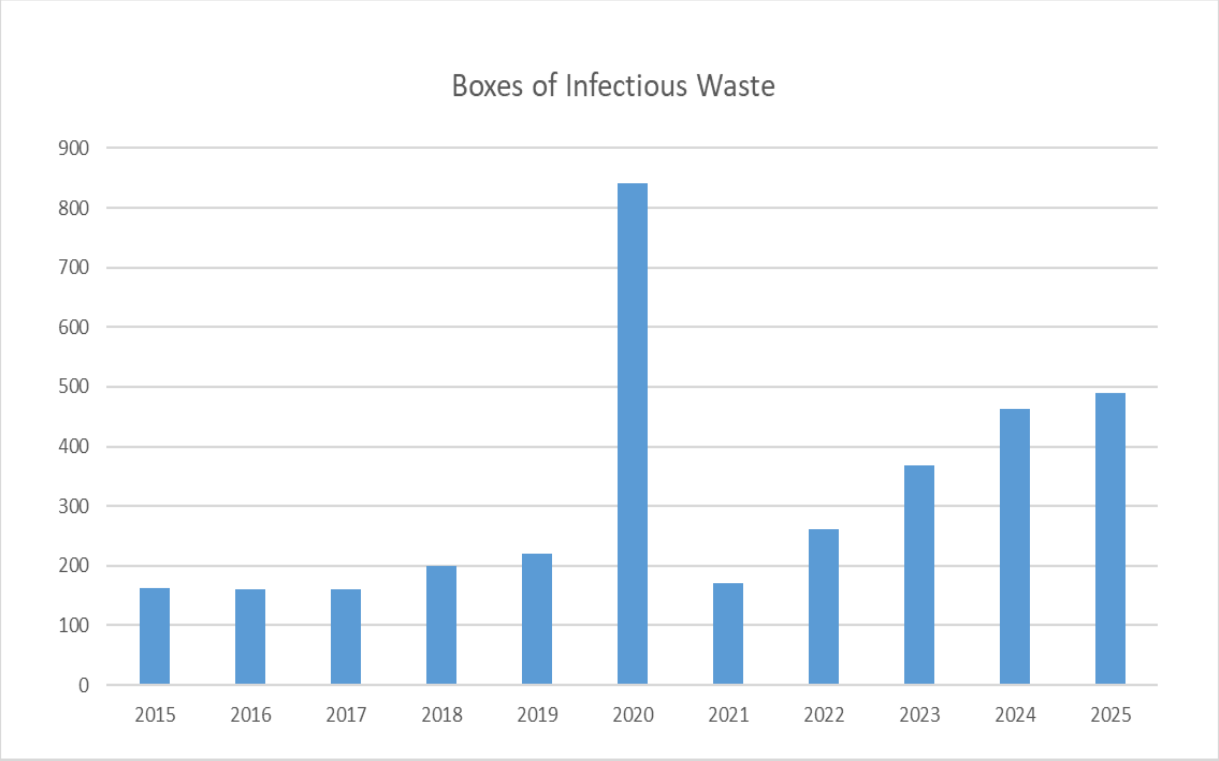


Figure 28 Boxes of Infectious Waste Disposed of by OEHS from 2015 through 2025

11. Radiation, Laser, and Magnet Safety

11.1. Radiation Safety

11.1.1. Program Information

UNH possesses a Type-A Broad Scope License issued by the New Hampshire Department of Health and Human Services, Radiological Health Section, for usage and storage of radioactive materials. OEHS manages the associated Radiation Protection Program and ensures compliance with license conditions and applicable rules and regulations. OEHS annually reviews and updates the Radiation Protection Program and the associated Radiation Safety Users Guide. OEHS distributes and reviews new and renewal applications for radioactive material usage by University personnel and issues permits to Authorized Users as granted by the UNH Radiation Safety Committee (RSC). Permits support research and development initiatives involving sealed sources in radiation detection and radiolabeled compounds for study in the life sciences.

11.1.2. Training

State regulations require Radiation Worker training for incoming employees as well as annual Radiation Worker Refresher training. Radiation Worker training prepares users of radioactive materials for safe handling and management of these materials and follows a customized curriculum that includes on-line through instructor-led elements specific to the types and uses of radioactivity. Students, staff, and faculty complete the required training sessions and associated learning validation in accordance with conditions of the University's radioactive materials license. Live presentations and on-line training sessions are revised annually by the Radiation Safety Officer (RSO) or designee to reflect the latest requirements of UNH's license, State of New Hampshire regulations, adopted best practices and mandates from the University's Radiation Safety Committee. For those students, staff, or contractors requiring access to radioactive materials usage laboratories, but not directly handling radioactive material, Radiation Awareness training is conducted. This training provides instruction on UNH's radiation safety program and the regulatory framework, hazard communication, security requirements, and safe work practices for working near penetrating sources of ionizing radiation.

Training for UNH contractors and ancillary personnel is conducted via an instructor-led course. In addition to the basics of radiation awareness, this training includes elements of laser, magnet, x-ray, laboratory, and biological safety.

11.1.3. Radiation Protection Program Maintenance

OEHS maintains a written Radiation Protection Program (RPP) and the Radiation Safety Users Guide (RSUG). These documents are revised every two years, or more frequently as needed, as a best management practice, with the last review completed in 2025. The RPP was updated with a new OEHS organization chart and a new delegation of authority letter from University President. The RSUG had minor edits and formatting corrected.

11.1.4. Audit and Regulatory Review Third Party Audit

State regulations require an annual review of the radiation safety program. UNH contracts with Clym Environmental Services, LLC each year to review the radiation safety program at UNH. The annual review includes a site walk of laboratories, wipe tests for possible contamination, and a document review. The 2025 audit found no areas of non-compliance but suggested minor improvements to the radiation safety program and these suggestions are currently being implemented.

11.1.5. Radiation Safety Monitoring Instruments

OEHS tracks the annual calibration of survey instruments, such as Geiger counters and associated detectors. Gas Chromatographs (GC) and Liquid Scintillation Counters (LSC) are inventoried twice per year for the sealed sources internal to the machine. OEHS maintains eight handheld survey instruments and one LSC. Permitted laboratories have three survey instruments, three electron capture detectors within GCs, and one LSC.

Table 7. Radiation Safety Monitoring Instruments Maintained by OEHS

Model Number	Instrument Type	Manufacturer	Calibration
RSO-5	Ion Chamber	Bicron	Annual
ESP	Ratemeter	Eberline	Annual
ASP2E	Neutron Monitor	Eberline	Annual
Gr-130	Scaler	Exploranium	Annual
3	Ratemeter	Ludlum	Annual
3	Ratemeter	Ludlum	Annual
3-241R	Ratemeter	Ludllum	Annual
3	Ratemeter	Ludlum	Annual
14C-084R	Ratemeter	Ludlum	Annual
3	Ratemeter	Ludlum	Annual
3	Ratemeter	Ludlum	Annual

11.1.6. Occupational and Public Doses- Dosimetry Program

OEHS manages a dosimetry program to document doses from external sources of radiation for applicable faculty, staff, and impacted students. State regulations dictate individual exposure limits which are tracked and reported over a one-year period. OEHS tracks these exposures each designated wear period to assure compliance with these regulations. OEHS interprets results of dose reports for Authorized Users and Radiation Workers, Health Services staff, and Veterinary

Technology staff and students. OEHS also tracks area dosimeters in Space Science, Veterinary Technology and the OEHS radioactive waste storage area. Area monitors are dosimeters placed in hallways adjacent to radioactive materials work or storage locations to document any potential exposure to non-radiation workers or the visiting public. OEHS issued annual occupational dose history reports to Radiation Workers, which documents doses for the previous year. OEHS routinely processes termination dose history reports for individuals who have ceased working with sources of radiation at UNH. Typical types of dosimetry badges and rings are shown in Figure 29, below.

Figure 29 Typical Dosimeter

Veterinary Technology has had 21 dosimeters exchanged every two months. Health Services had 4 dosimeters exchanged every three months and Authorized User Radioactive Permits had 21 dosimeters exchanged every three months.

11.1.7. Surveys and Monitoring

Area surveys (laboratories, storage areas, etc.) were conducted quarterly in 2025. The RSO, or designee, performed contamination surveys, dose rate measurements and compliance assessments in these spaces. Surveys include direct monitoring with a Geiger counter or Ion Chamber and wipe testing with a filter paper to identify removable surface contamination and a compliance review of lab records and as found conditions. No items of non-compliance were found (which were not immediately corrected) during these routine surveys.

11.1.8. Leak Test Procedures

Sealed sources are radioactive materials that have been fixed on a solid metal or plastic matrix that do not normally pose a threat of contamination. In rare instances, typically due to physical damage, these sources may release radioactive contamination. Therefore, leak tests are performed on sealed sources as prescribed by the State of New Hampshire, Radiological Health Section. There are more than one hundred active sealed sources on campus, and all sources are inventoried twice per year.

OEHS completed over seventy-five leak test evaluations across the UNH campus. The RSO, or designee, performed three-month leak tests on alpha sources, and semi-annual leak tests are performed on beta, gamma, and neutron sources as required by the State of New Hampshire, Radiological Health Section. Leak test samples are collected and delivered to a third-party lab for individual analysis, and reports are reviewed and maintained by OEHS.

11.1.9. Waste Management

OEHS manages the point-of-generation collection, packaging, transfer, storage, and disposal of radioactive waste including Dry Active Waste, (DAW), Liquid Scintillation Vials, and other radioactive materials as necessary.

Liquid scintillation vial waste is deregulated and stored until a 55-gallon drum is filled and then shipped for disposal via incineration. In 2025, OEHS picked up approximately 110-gallons of liquid scintillation vial waste.

Dry active waste consists of contaminated solid materials such as gloves, absorbent pads, and paper towels generated in laboratory activities using long-lived radioisotopes. OEHS collected approximately 75-gallons of DAW in 2025. DAW is stored on site for disposal over an approximate three-year cycle. The next estimated DAW waste disposal year is 2026.

OEHS also manages disposal of naturally occurring compounds such as uranyl acetate and uranium and thorium nitrates. These compounds are generally licensed materials requiring disposal as radioactive waste when no longer needed. OEHS collects these materials from principal investigators when requested and stores the material for subsequent shipment for disposal as radioactive or mixed waste.

11.1.10. Waste Minimization

OEHS maintains a waste minimization program including an educational element that instructs researchers to limit use of long-lived radionuclides that need to be shipped for burial. Waste minimization techniques are taught to Radiation Workers during radiation safety training sessions. Prevention of mixed waste generation is a goal of the waste minimization program to limit the financial and environmental liabilities associated with this waste stream.

11.2. Magnet Safety

11.2.1. Program Information

UNH teaching and research programs utilize instruments that generate large, static magnetic fields such as Nuclear Magnetic Resonance (NMR) spectrometers and Superconducting Magnets (SM). In response to the hazards posed by such instruments, UNH has implemented a Magnet Safety Program (MSP) as a best practice. The program elements include a safety manual, training, standard operating procedures (SOPs), and magnet use area audits. The MSP falls under the purview of the Radiation Safety Committee.

11.2.2. Training

The NMR training program was developed between OEHS and the University Instrumentation Center (UIC). All individuals working with the instrument receive safety training (students, staff, faculty, etc.) via an on-line course delivered through UNHCEMS®. Additionally, UIC also provides hands-on training on the standard operating procedure for the instrument. Refresher training is tracked by the RSO and UIC personnel.

11.2.3. Registration and Instrumentation

Magnet registration is required by the MSP. For ease of access for magnet owners, a module was created in UNHCEMS® to register magnets with OEHS. There are four active superconducting magnets or NMR units on campus, listed in Table 8, below.

Table 8. Superconducting Magnet Inventory 2025

Model Type	Strength Tesla	Vertical Distance to 5g line (m)	Horizontal Distance to 5g line (m)	Status	Location
Oxford AS400/54NMR	9.395	1.49	0.88	Active	Parsons Hall W124
Oxford AS500/51NMR	11.744	1.84	1.31	Active	Parsons Hall W124
American Magnetics NMR	5, 7 max	2.34	1.83	Active	Demeritt Hall 103
High Resolution NMR	7.05	1.7	2.3	Active	Demeritt Hall 103

11.2.4. Surveys and Audits

Visual surveys are conducted twice per year in the two superconducting magnet laboratories. Surveys are performed by the RSO or designee. The State of New Hampshire does not inspect superconducting magnets used for research. Survey inspection items include, proper area postings, updated operating procedures and adequate designation of the 5-gauss line. Magnetic fields are measured in units of magnetic induction, such as gauss. The 5-gauss line designates how close someone with a metallic implant such as a pacemaker can get to the magnet without any harm.

11.2.5. Program Maintenance

The MSP is updated every two years by the RSO and reviewed by the Radiation Safety Committee. The on-line training program through UNHCEMS® is updated once per year in preparation for refresher training. SOPs are updated by the magnet laboratories annually.

11.3. X-Ray Safety

11.3.1. Program information

UNH is committed to maintaining the highest quality X-Ray Protection Program (XPP). Likewise, UNH commits to full and complete compliance with all relevant requirements in the State of New Hampshire Rules for the control of radiation. The XPP is designed to control operations conducted at UNH Research and Educational Facilities which may result in the potential exposure of UNH personnel, members of the public, and/or the environment to X-Ray Radiation.

The University of New Hampshire's commitment to the XPP is based on the fundamental principle that levels of radiation to be used, and exposures to all sources of ionizing radiation, are to be

maintained As Low As Reasonably Achievable (ALARA).

The XPP is administered by the UNH RSO and supported by OEHS and the UNH Radiation Safety Committee. UNH has X-Ray diffraction machines and electron microscopes, as well as diagnostic machines for the Veterinary Technology program.

11.3.2. Training

All students, staff, and faculty who use X-Ray producing machines take X-Ray Safety training on-line through UNHCEMS®. Refresher training is offered once per year based on state regulatory requirements. Seventy-nine (79) individuals completed X-Ray Safety or X-Ray Refresher training in 2025.

11.3.3. Registration and Instrumentation

State registration and payment are required for operation of X-Ray producing machines on campus. All X-Ray producing machines are registered each year, shown in Table 9, and the certificate is posted in the laboratories.

Table 9. X-Ray Machines Registered at UNH in 2025

Model	Manufacturer	Type
Shimazdu	XRD-6100	Diffractometer
Bruker-Axs	GADDS	Diffractometer
Siemens Kristalloflex	D-5000	Diffractometer
Kratos Analytical	Supra	X-Ray Fluorescence
ZEISS	Incidental to use	Electron Microscope
Tescan	Lyra 3 GMU	Electron Microscope
Teltron	Tabletop Model	Diffractometer (X-Ray)
Ultra	EPX-F1200	Diagnostic
Sedecal	R108	Diagnostic: General Purpose, Animal
Sirona	Heliodent Plus	Diagnostic: dental, ani mal
All Pro Imaging	Provectav	Demo only: dental, ani mal

11.3.4. Surveys

X-Ray laboratories were surveyed twice in 2025. The RSO, or designee, completes these surveys, totaling twenty-two (22) X-Ray surveys in 2025. For cabinet machines, surveys include testing the interlocks. Tests are completed for leakage of radiation for all X-Ray producing

machines, and postings are verified.

11.3.5. Postings

Signage is posted per State of New Hampshire Regulations in X-Ray laboratories including the Notice to Employees (Form RHS-5), which lists stage agency contact information for notification of unsafe conditions, the Certificate of Registration of the machine, and the Standard Operation Procedure to properly use the machine.

11.4. Audits and Regulatory Reviews

Clym Environmental surveys the X-Ray laboratories as part of the annual third-party audit of the program. No items of non-compliance were found in the X-ray program in 2025. The State of New Hampshire, Radiological Health Section audits the UNH XPP once every three to five years. UNH was last audited by the State in 2022, with no findings of non-compliance.

11.4.1. Program Maintenance

The XPP is revised every two years. Dosimetry records are analyzed every two months for Veterinary Technology students and every three months for faculty. Additional surveys are conducted should machines undergo repair.

11.5. Laser Safety

11.5.1. Program information

The Laser Safety Program (LSP) presents guidelines to protect UNH employees and students from the hazards associated with lasers and laser system operations. The intent of this program is to ensure the safe use of lasers through engineering and administrative controls. This objective shall be accomplished by identifying potential hazards, providing recommendations for hazard control, and training laser operators and incidental personnel. The LSP manual outlines the laser safety recommendations for UNH and is based on the American National Standard for the Safe Use of Lasers, or American National Standards Institute (ANSI) standard guidelines. There are currently no state regulations that pertain to laser safety, although the Radiological Health Section would like to regulate lasers in the future. A typical laser set up with posted SOP at UNH is shown in Figure 30.

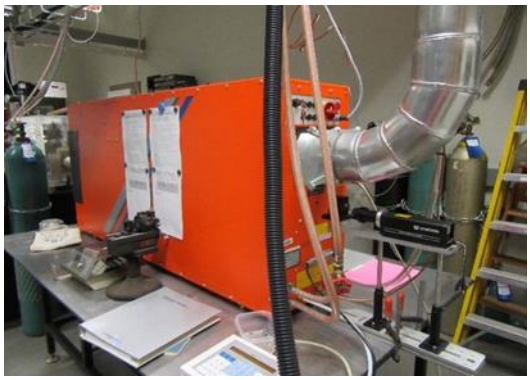


Figure 30 Class 4 laser device at UNH

11.5.2. Training

Online training through UNHCEMS® is offered for Laser Operators. Laser Operator training includes hazard identification, proper signage, use of protective eyewear, laser registration requirements, and SOP requirements. All laser training courses are updated annually. In 2025, OEHS Laser Operator training was completed by fourteen (14) students, staff, and faculty. Fifty-two (52) students, staff, and contractors completed Laser Awareness training in 2025.

11.5.3. Registration and Inventory

OEHS maintains registrations for active and inactive lasers consisting of 42 class 3B and class 4 lasers, of which 4 are presently in active use. The Laser Safety Program continues internal review and revision and the Radiation Safety Committee has taken an active role in laser protocol review and approval in 2025.

11.5.4. Standard Operating Procedures

Written SOPs are required for both the regular use and alignment of class 3B and 4 lasers. SOPs are updated by the Authorized User, approved by the Laser Safety Officer, and signed by the students and facultythat will be using the laser. The SOP should be referenced each time the laser is used.

Some examples of the safety precautions in a laser SOP include: validation of required training; removal of all reflective jewelry, watches, and belt buckles; laser-in-use lighted signs; securing all laser safety curtains or barriers; and proper use of required personal protective equipment.

11.5.5. Personal Protective Equipment

Laser safety eyewear and laboratory coats are examples of PPE. Laser safety eyewear has an optical density and wavelength specific to the laser. The calculated wavelength and optical density are described in the SOP for Authorized Users. Laboratory coats are recommended with laser lasers to protect the skin. Flame retardant laboratory coats are recommended for Class 4 lasers.

11.5.6. Surveys

Laser Safety surveys are conducted twice per year in all laser laboratories, by the LSO or

designee. Survey inspection items include: proper registration; current training; appropriate PPE use; SOPs posted; Appropriate curtains and/or barriers; and accident / incident reporting and documentation.

Significant findings are reviewed by the Radiation Safety Committee.

11.5.7. Audits

Third party audits are performed every fourth quarter by Clym Environmental. Similar to laser surveys, inspection items are reviewed, and an interview is completed with the Authorized User. Discrepancies identified during any audits are immediately addressed.

11.5.8. Program Maintenance

The LSP is reviewed and approved by the Radiation Safety Committee every two years as a best practice. The LSP is currently being reviewed and revised with revisions scheduled to be completed in 2026.

12. UNH at Manchester

12.1. UNHCEMS® - Chemical Inventory and Training

Chemicals maintained at the University of New Hampshire Manchester's campus are recorded and tracked using the UNH Barcode system, which links chemical containers to the UNHCEMS® online inventory program.

Data maintained in UNHCEMS® regarding the chemical inventory at UNH at Manchester from 2015 through 2025 is summarized in Table 10, below.

Table 10 Chemical Inventory Statistics for University of New Hampshire Manchester

Year	Removed Containers	Added Containers	Active Containers
2015	58	59	560
2016	31	60	557
2017	14	150	693
2018	29	134	798
2019	97	162	863
2020	18	84	927
2021	21	161	1,067
2022	274	250	1,065
2023	53	97	963
2024	44	109	1,028
2025	83	258	1,768

1 data from 2025 includes inventory maintained by the BIC and containers used in academic research at UNH Manchester. Prior years

did not include BIC data only UNHM containers used in academic research.

12.2. Contingency Planning

A contingency plan was prepared for the University of New Hampshire Manchester campus in 2016 and last updated in 2024. The plan establishes preparedness, planning, spill response and spill notification procedures for hazardous materials at this campus. The University of New Hampshire at Manchester campus does not meet the minimum threshold quantities requiring a formal ICP or SPCC as prescribed by the US EPA Oil Pollution Prevention Regulations (40 CFR Part 112) and Hazardous Waste Regulations (40 CFR 260-265), the New Hampshire Hazardous Waste Rules (Env-Hw 100-1100) or the OSHA Emergency Response requirements for facilities engaging in hazardous waste operations (29 CFR 1910.120). However, a modified ICP was prepared as a best management practice for responding to spills for the limited quantity of hazardous materials stored at this campus.

Included within the contingency plan is a list of emergency contacts for the UNH Manchester facility and city and state agencies, a spill release response reporting quick reference summary, Initial Spill/Release Response Flow Chart and Spill Response Reporting Flow Chart, and a copy of the Emergency Assistance Agreement Response Form signed by the City of Manchester Fire Chief.

12.3. Biotechnology Innovation Center

Environmental Health and Safety continues to provide critical support the Biotechnology Innovation Center (BIC) at UNH Manchester. The BIC provides rentable lab space to private industry clients and serves as a collaborative research and teaching space for biotechnology and cellular biology.

EHS works closely with the BIC lab manager to ensure that all tenants, faculty and students using the facility comply with regulatory standards and UNH safety requirements. Routine support includes:

- Biosafety
- Laboratory safety
- Hazardous waste management
- Training and education
- Chemical inventory management

13. UNH Franklin Pierce School of Law

13.1. Emergency Health and Safety Committee

The UNH Franklin Pierce School of Law established a formal EHSC in 2015. The responsibility of the Committee is to assure a safe work environment for faculty, staff, students and visitors

through the creation and maintenance of effective health and safety programs. The EHSC reports to the UNH Law School Dean and the Office of the Provost and Vice President for Academic Affairs on matters related to emergency preparedness, industrial hygiene, and workplace safety compliance. Specific tasks include:

- Develop, review, and update written programs and procedures to ensure compliance withOSHA, New Hampshire Department of Labor and other applicable regulations, and recognized consensus safety standards.
- Serve as an advisory body on policies and procedures to ensure the health and safety of all faculty, staff, students, and visitors
- Obtain and analyze available data on past injuries and illnesses, identify trends, and suggest appropriate corrective actions

The EHSC is a deliberative body that is representative of the Franklin Pierce community and includes members from academic and administrative divisions on campus. It is the committee's responsibility to advise the Dean, and to coordinate the various safety-related efforts of the university community. Full voting membership of the EHSC includes the Facilities Manager, the Security Supervisor, the Reference and Public Services Librarian, the SR Human Resource Assistant, the Information Technology Administrator, the UNH Director of Environmental Health and Safety and the UNH Assistant Director of Emergency Management. Chair and Vice-Chair are elected for 3-year terms with a majority vote. The EHSC Chair is a member of the UNH Environmental Health and Safety Committee.

14. Emerging Issues

14.1. Ammonia Inspection

OEHS will continue to work with campus partners and EPA Region 1 to resolve issues identified in the ammonia refrigeration plant inspection. This remains an unknown compliance risk for UNH that we will continue to proactively address.

14.2. Hazardous Waste Regulatory Changes

In 2025, NHDES promulgated significant changes to hazardous waste management rules. The impact of these rule changes has not been fully realized, though they appear to have resulted in some significant increased compliance burdens. The impact of these changes will be assessed further in 2026.

14.3. Historic Fill

UNH property have some areas with historic fill. Moving forward, these materials could represent a risk for compliance and high cost for disposal. OEHS will continue to utilize technical experts to guide us in managing these materials and rely on the campus policy documents which outline management criteria.

15. Communication and Outreach

OEHS uses many ways to communicate our mission to the campus. The department also provides invaluable information to the public. This is accomplished in the form of a departmental website (Figure 36), face-to-face and group meetings, electronic communications, telephone consultations, on-site investigations, group trainings, and other effective communication methods.

The minutes of the Chemical Safety Committee, Occupational Safety Committee, Institutional Biosafety Committee, and Radiation Safety Committee meetings are posted on the website for public disclosure of our activities. OEHS staff members serve as representatives on these regulatory committee meetings and attend other meetings of interest to the campus such as the Institutional Care and Use Committee, building construction and renovation meetings, Facilities Safety Committee, as well as ad-hoc meetings when new issues arise.

OEHS produces and distributes many pamphlets and educational materials that cover a wide variety of health and safety topics. As a general practice, the technical experts in OEHS share their programs as much as possible.

16. Mechanisms to Measure Compliance

UNH utilizes several mechanisms to assure the campus is meeting the elements and objectives of the campus OEHS programs discussed in this report. These include outside audits, regulatory inspections, technical committee oversight, OEHS program review and USNH OEHS Council review. Examples are highlighted below.

16.1. Industrial Hygiene

Indoor air quality and toxic material exposure assessments are conducted by OEHS, outside consultants, or by the campus Worker's Compensation Insurer depending on the complexity of the issue. Data collected during assessments are compared to current regulatory exposure limits and recommended industry guidelines. The New Hampshire Department of Labor reviews notifications regarding proposed asbestos abatement and is the regulatory agency responsible for governing abatement in New Hampshire.

16.2. General Safety

OEHS utilizes injury and illness trending data compiled by UNH's Workers Compensation insurer to focus safety initiatives. OEHS works with colleges and departments to maintain an electronic environmental health and safety training database for affected faculty, staff, and students. This centralized record keeping process enables OEHS and/or managers to generate queries of individual staff or area departments that are due for safety training. These reports aid in the scheduling of safety training and ensure that all necessary training is completed. Procedures for particularly hazardous work such as hot work, confined space entry, and asbestos and/or lead abatement require a reporting procedure that involves regular communication and oversight from OEHS with additional assistance from the Durham Fire Department and State agencies, as necessary.

16.3. Fire Protection

Both the Durham Fire Department and the State Fire Marshal's Office conduct fire and life safety inspections of campus buildings. Fire suppression and fire alarm systems are tested and certified by outside consultants. Building permits are issued and monitored for compliance by the State Fire Marshal's Office for every construction and renovation project at UNH.

16.4. Occupational Health and Medicine

Medical screening and surveillance programs are implemented by departments utilizing the services of either UNH Health and Wellness or outside occupational health services organizations. Faculty, staff, and student compliance with the animal handler medical surveillance program is reviewed jointly by OEHS and the Office of Research Integrity Services on a monthly basis.

16.5. Disaster Preparedness

UNH has implemented an Emergency Action and Procedures Plan that outlines procedures to be followed by the campus community for responding to and recovering from fires, hazardous materials spills, and major accidents. Specific procedures to follow for fire evacuation are listed in the plan. Nobis Engineering, Inc. was hired to conduct a thorough review of the UNH Integrated Contingency Plan to ensure compliance with federal and state regulations.

OEHS liaises with UNH Police for annual reviews of Emergency Procedures and Action Plans.

16.6. Diving Safety

All aspects of the UNH research diving program are reviewed annually by the UNH Diving Safety Control Board.

16.7. Biological Safety

The UNH IBC reviews and approves all biohazardous material use on campus, including use of recombinant and synthetic nucleic acid molecules, for compliance with the National Institutes of Health Guidelines. OEHS conducts laboratory audits to assure proper biosafety procedures are being followed in the laboratory. Laboratories using human source materials are kept in compliance with the OSHA Bloodborne Pathogens Standard through training, strict use of Universal Precautions, sharps surveys and Hepatitis B vaccine offerings.

16.8. Hazardous Materials Inventory and Reporting

The U.S. Department of Transportation and the Federal Aviation Administration perform unannounced inspections and audits of the shipping program as part of a regional initiative to enforce hazardous materials shipping regulations at colleges and universities.

16.9. Hazardous Waste Management

OEHS provides regular oversight and review of laboratories and shops that generate and store

hazardous waste. The NHDES and the U.S. Environmental Protection Agency conduct unannounced inspections of the hazardous waste management program at colleges and universities. OEHS staff conducted a review of the CHWAA Preparedness, Prevention and Contingency Plan, the Hazardous Waste Transporter Contingency Plan, and the Central Accumulation Area Security Plan.

16.10. Radiation Safety

Radiation safety oversees both ionizing and non-ionizing radiation and inspects all laboratories that contain radioactive material quarterly, performs contamination surveys, radiation surveys and compliance audits, and ensuring all laboratories continue to meet all license conditions, as well as all state and federal regulations. The Radiation Safety Program is audited annually by an outside consultant. Results of the audit are shared with the Radiation Safety Committee and the Committee approves any changes to the Radiation Protection Program recommended by the audit consultant.

16.11. Laboratory Safety

OEHS receives chemicals ordered by laboratory chemical users at the university. Upon arrival, these chemicals are barcoded, recorded in UNHCEMS, and delivered to the chemical user for use. OEHS additionally performs laboratory chemical fume hood evaluations on an annual basis as well as after disruptive events, which could include unplanned power outages, repair completions, preventive maintenance, and user requests. During both chemical deliveries and fume hood evaluations, observations of laboratory safety issues were addressed in coordination with the laboratory users in addition to formal inspections.

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[i] Biosafety in Microbiological and Biomedical Laboratories, 6th Edition, U.S. Department of Health and Human Services Public Health Service Centers for Disease Control and Prevention, National Institutes of Health, Revised June 2020, p 28

[ii] Biosafety in Microbiological and Biomedical Laboratories, 6th Edition, U.S. Department of Health and Human Services Public Health Service Centers for Disease Control and Prevention, National Institutes of Health, Revised June 2020, p 28

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Program Elements	2024	2025
3.3.3.1.1 Injury and Illness Prevention		
3.3.3.1.2.1 Industrial Hygiene		
* Asbestos Abatement	●	●
* Lead Abatement	●	●
* Hearing Conservation	●	●
* Indoor Air Quality	●	●
* Personnel Exposure Monitoring for Toxic Materials	●	●
* Respiratory Protection	●	●
* Hazard Communication (GHS)	●	●
* Heat Stress	●	●
3.3.3.1.2.2 General Safety		
* Confined Space	●	●
* Fall Protection	●	●
* Ergonomic Evaluation	●	●
* Lock-Out/Tag-Out	●	●
* Accident Investigation	●	●
* Powered Industrial Trucks	●	●
* Cranes & Hoists	●	●
* Mobile Elevating Work Platform	●	●
* Bloodborne Pathogens	●	●
* Workplace Safety Inspections	●	●
3.3.3.1.2.3 Radiation Safety & Laser Safety		
* Radioactive Material License	●	●
* Radiation Safety Committee	●	●
* Radioactive Material Inventory	●	●
* Radiation Safety Manual	●	●
* User/Awareness Training	●	●
* Radiation Safety Laboratory Inspections	●	●
* Dosimetry	●	●
* Magnet Safety	●	●
* X-Ray Safety	●	●
* Radioactive Waste Management	●	●
* Laser Safety	●	●

LEGEND	
Program in place	●
Program undergoing review, improvement, or under development	●
Program not in place	●
Not Applicable	●

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Program Elements	2024	2025
3.3.3.1.2.4 Occupational Health and Medicine		
* Respirator Medical Questionnaire	●	●
* Hepatitis B Vaccination	●	●
* Animal Handlers Occupational Health	●	●
3.3.3.1.2.5 Integrated Contingency Planning		
* Aboveground Storage Tank Program	●	●
* Underground Storage Tank Program	●	●
* Integrated Contingency/Spill Prevention Control and Countermeasures Plan	●	●
3.3.3.1.2.6 Biological Safety		
* Institutional Biosafety Committee	●	●
* Biosafety Manual	●	●
* Recombinant DNA Registration	●	●
* Biosafety Laboratory Surveys	●	●
* Inventory of Infectious Material	●	●
3.3.3.1.2.7 Diving Safety		
* Diving Safety Control Board	●	●
* Diving Safety Officer	●	●
* Diving Safety Manual	●	●
3.3.3.2 Hazardous Materials & Environmental Management		
3.3.3.2.2.1 Hazardous Waste Management		
* Hazardous Waste Management Program	●	●
* EPA Identification Number	●	●
* Faculty/Staff/Student Training	●	●
* Contingency Plans for Central Accumulation Area	●	●
* Satellite Accumulation Area Inspections	●	●
* Universal Waste Management	●	●
* Biohazardous Waste Management	●	●
3.3.3.2.2.2 Hazardous Materials Inventory and Reporting		
* Chemical Environmental Mgmt System/Inventory System	●	●
* Community Right To Know/SARA Title III	●	●
* Safety Data Sheets	●	●
* Chemical Safety/Hygiene Plan	●	●
* Chemical Laboratory Inspections	●	●
* Chemical Safety Committee	●	●
* Title 5 Air Permit	●	●
* Stormwater Management Plan	●	●
* Refrigerant Management Plan	●	●
* Hazardous Materials Shipping	●	●

University System of New Hampshire

2025 USNH Environmental Health and Safety Annual Report

University System of New Hampshire Central Offices

1. MISSION STATEMENT

The University System of New Hampshire's Central Office is committed to providing and maintaining a safe environment for its employees and visitors. USNH focuses on fire and life safety, hazardous material management, accident prevention, industrial hygiene, and safety and health training. The University System of New Hampshire Central Office complies with all required federal, state and local statutes and with USNH Policy.

2. AUTHORITY

USNH Board of Trustee Policy (BOT VI.F.1.3) The Presidents, in collaboration with the Chancellor, shall establish procedures to ensure the prudent management of environmental health and safety in compliance with applicable state and federal laws. Those procedures shall include coordination with a USNH Council on Environmental Health and Safety, with representation from each component institution. These procedures shall also include, where appropriate, a mechanism for measuring compliance through appropriate means including periodic environmental audits. The Chancellor shall coordinate presentation to the Audit Committee of an annual report describing the state of the University System's environmental health and safety efforts at each institution, including the findings of any environmental audit conducted during the reporting period.

3. CAMPUS PROGRAM ELEMENTS

The UNH EHS coordinates support for the System Office at Farnum Hall, 28 College Drive, Concord, NH. Issues of concern are addressed through regular meetings of the system office staff as necessary.

4. INJURY AND ILLNESS PREVENTION

A. General Safety

Injury control is the primary issue for the University System Central Offices. Accident investigation is performed when an illness/injury report is filed with the office of Human Resources. Recommendations are made, if necessary, to prevent recurrence. Workplace Safety Management Consultants from MEMIC are available to assist with accident investigations and risk management oversight for employees. In addition, UNH EHS staff are available to provide safety services including indoor environmental investigations and ergonomic evaluations, as necessary.

B. Fire Protection

Annual site and safety inspections of the Central Offices are performed. Part of the inspection addresses fire and evacuation routes and planning procedures. Evacuation drills are held annually. The fire alarms are tested annually by the property owner.

C. Disaster Preparedness

USNH has emergency evacuation procedures which address evacuation in case of disasters. USNH Central Offices participate in the UNH Alert system administered by the UNH Police Department. This system allows USNH to contact staff during an emergency by sending text messages to staff emails and cell phones.

D. Driving Safety

Safe Driving program is available through United Educators. The Vehicle Safety Policy provides guidance to all USNH employees.

5. HAZARDOUS MATERIALS & ENVIRONMENTAL MANAGEMENT

A. Hazardous Waste Management

The USNH Central Offices deals with only incidental hazardous materials. Identifiable waste streams include fluorescent light bulbs, copier machine and laser printer toner and outdated computer equipment. Procedures are in place for the responsible disposal of all the above mentioned items. Electronic equipment is disposed of via the UNH IT Safe Electronic Equipment Disposal (SEED) program.

B. Hazardous Materials Inventory and Reporting

There are janitorial cleaning supplies located on-site. Safety Data Sheet information is posted on-site and janitorial employees are trained on the proper use of cleaning supplies.

6. MECHANISMS FOR COMPLIANCE

The UNH EH ensures the compliance with safety policies by performing site evaluations and contracting with environmental specialists to assist with internal audits when necessary. Annual items reviewed include: facility safety issues and procedures, evacuation drills, (including the conducting of drills), the posting of emergency exit signs and diagrams, fire extinguishers inspections, and the removal of hazardous materials as outlined in 5A. Regular updates on the results of the evaluations and audits and on efforts to mitigate any items of concern are reported to the Chancellor and Executive Team.

USNH Council on Environmental Health and Safety
2025 Annual Report
USNH Compliance Status

Program Elements	2024	2025
3.3.3.1.1 Injury and Illness Prevention		
3.3.3.1.2.1 Industrial Hygiene		
* Asbestos Abatement	●	●
* Lead Abatement	●	●
* Hearing Conservation	●	●
* Indoor Air Quality	●	●
* Personnel Exposure Monitoring for Toxic Materials	●	●
* Respiratory Protection	●	●
* Hazard Communication (GHS)	●	●
* Heat Stress	●	●
3.3.3.1.2.2 General Safety		
* Confined Space	●	●
* Fall Protection	●	●
* Ergonomic Evaluation	●	●
* Lock-Out/Tag -Out	●	●
* Accident Investigation	●	●
* Powered Industrial Trucks	●	●
* Cranes & Hoists	●	●
* Mobile Elevating Work Platform	●	●
* Bloodborne Pathogens	●	●
* Workplace Safety Inspections	●	●
3.3.3.1.2.3 Radiation Safety & Laser Safety		
* Radioactive Material License	●	●
* Radiation Safety Committee	●	●
* Radioactive Material Inventory	●	●
* Radiation Safety Manual	●	●
* User/Awareness Training	●	●
* Radiation Safety Laboratory Inspections	●	●
* Dosimetry	●	●
* Magnet Safety	●	●
* X-Ray Safety	●	●
* Radioactive Waste Management	●	●
* Laser Safety	●	●

LEGEND	
Program in place	●
Program undergoing review, improvement, or under development	●
Program not in place	●
Not Applicable	●

USNH Council on Environmental Health and Safety
Annual Report - 2025
USNH Compliance Status

Program Elements	2024	2025
3.3.3.1.2.4 Occupational Health and Medicine		
* Respirator Medical Questionnaire	●	●
* Hepatitis B Vaccination	●	●
* Animal Handlers Occupational Health	●	●
3.3.3.1.2.5 Integrated Contingency Planning		
* Aboveground Storage Tank Program	●	●
* Underground Storage Tank Program	●	●
* Integrated Contingency/Spill Prevention Control and Countermeasures Plan	●	●
3.3.3.1.2.6 Biological Safety		
* Institutional Biosafety Committee	●	●
* Biosafety Manual	●	●
* Recombinant DNA Registration	●	●
* Biosafety Laboratory Surveys	●	●
* Inventory of Infectious Material	●	●
3.3.3.1.2.7 Diving Safety		
* Diving Safety Control Board	●	●
* Diving Safety Officer	●	●
* Diving Safety Manual	●	●
3.3.3.2 Hazardous Materials & Environmental Management		
3.3.3.2.2.1 Hazardous Waste Management		
* Hazardous Waste Management Program	●	●
* EPA Identification Number	●	●
* Faculty/Staff/Student Training	●	●
* Contingency Plans for Central Accumulation Area	●	●
* Satellite Accumulation Area Inspections	●	●
* Universal Waste Management	●	●
* Biohazardous Waste Management	●	●
3.3.3.2.2.2 Hazardous Materials Inventory and Reporting		
* Chemical Environmental Mgmt System/Inventory System	●	●
* Community Right To Know/SARA Title III	●	●
* Safety Data Sheets	●	●
* Chemical Safety/Hygiene Plan	●	●
* Chemical Laboratory Inspections	●	●
* Chemical Safety Committee	●	●
* Title 5 Air Permit	●	●
* Stormwater Management Plan	●	●
* Refrigerant Management Plan	●	●
* Hazardous Materials Shipping	●	●