

LEAF - Bronze Criteria

Category	Criteria	Target Outcome	Criteria not met
Waste	The lab possesses required waste bins (possibly clinical, glass/sharps, hazardous etc.), as well as recycling/general waste bins with appropriate and clear signage. Standard operating procedures for the management of lab waste are available to all lab users who will have been made aware of the procedure to follow for correct waste disposal.	Appropriate bins are present to easily recycle items particularly packaging.	Recycling is feasible, but no bins are present.
		There is clear signage in place depicting which bins are for what purpose.	Bins have no signage.
		Details of how this has been communicated can be evidenced.	
Waste (NEW)	Lab users disposing of hazardous/radioactive wastes have received specific training and records of this are kept. Training gives consideration to what to do in the event that it is discovered that hazardous/radioactive wastes have been incorrectly disposed of.	Training records are available	Users do not know appropriate waste routes
			No training records are available
People	The lab has a mandatory sustainability induction procedure in place for all new arrivals, explaining the sustainable practices to take. The induction would benefit from being documented to allow users to revisit the training and refresh their knowledge.	There are viewable induction materials containing sustainable practices, specifically closing fume cupboards, turning equipment off, chemical/ sample management, and waste practices.	New lab members are inducted, but without relevant sustainability practices.
People	The lab has a system in place to clear or track materials left by departing staff. All lab users have been instructed on what to do with their materials when they depart.	There must be a system in place to ensure old materials do not go unmanaged e.g. through an exit tracking document.	There is no system in place to catalogue materials of departing staff and students.

People	The lab has either a nominated person or group to drive sustainability forward. They should all be lab members within the online LEAF platform. Sustainability has been added as a standing agenda item into lab and/or departmental meetings and/or relevant networks (e.g. Health & Safety)	• One or more people have the responsibility of leading on sustainability. This is communicated in some fashion to all lab members.	• There are no plans in place for continuing sustainability efforts, either as a group or individually.
People	The lab (or relevant group) has taken part in 1 team activity of sorts over the course of the year, or one is imminently planned.	• The lab can evidence at least 1 activity within the past 12 months or have one imminently planned	• No social activities have taken place within the past 12 months, and none are planned.
People (NEW)	The lab has taken action to address the energy and environmental impacts of their lab operations under normal operating conditions, abnormal conditions e.g. small chemical spills that can be safely controlled locally, and emergency conditions e.g. large chemical spills that require external help. Existing documentation is updated as part of its review cycle to support this process.	• The lab has undertaken a review of how it is operated e.g. when/how equipment is used, through risk assessments and COSHH forms as required to determine its impact and users are aware of efforts to reduce this in all eventualities	• The lab has not considered impact during abnormal or emergency scenarios.
			• Opportunities to review and update documentation have not been taken.
Purchasing	Energy and materials consumption have been considered during the purchase of new materials. Ideally users should request life-cycle assessments (LCAs), though should be prepared for vendors to not have these available. Lab users have received information or know where to find out how this should be approached.	• Examples of when and how energy/water consumption, consumables, and durability have been considered in any recent purchases including evidence from suppliers.	• Equipment purchased within the past 12 months was purchased considering price only, and otherwise more sustainable options were not considered.
		• In the absence of any purchases, users must display an understanding of how to	• Purchases have not factored in energy/water

		purchase sustainably for when such a time arises. • Applies only to equipment in which more efficient options are available which won't affect the equipment's output. E.g. freezers, safety cabinets, or drying cabinets.	consumption, consumable use, durability, or manufacturing location, or servicing.
Equipment	There is a system in place to ensure that heat sources on cold storage equipment (fridges, -20 and ULT freezers) are not blocked, and any filters are cleaned regularly. Details of responsible person(s) for ensuring this is done are communicated to all lab users in a way that allows others to easily identify who they are.	• There are no items blocking the expulsion of hot air, excluding underbench units. • Any freezer filters are cleaned regularly, or there is a plan to clean within 3 months. • Lab staff are aware of who the responsible people are in their organisation	• Heat sources are visibly blocked by items which may otherwise be moved, or there visibly blocked filters with no plans to clean.
Equipment	There is a system in place to ensure that cold storage equipment (fridges, -20 and ULT freezers) and ovens are only operated when they are as full as possible. The need to do this and reason why has been communicated to all lab users either as part of their induction or as they start using the equipment.	• There are no ovens, cold storage, or similar equipment operating when empty, unless for a specific purpose.	• Equipment is in operation with no items inside, and no reason why they're on.
Equipment	There is a system in place to ensure equipment and lights are turned off when they are not needed. Equipment this applies to is clearly	• Users can validate they understand the system in place, potentially via visual communications.	• Lighting and equipment are frequently being left on when not needed, and there is no

	marked and staff receive regular reminders to turn off the lights when they are not needed. Your response should include how you do this.	• Response demonstrates an effective method for communication of switch offs	system in place moving forward to address this.
IT	There is a system in place to ensure that computer monitor brightness settings and computer time-to-sleep have both been minimised. Where lab users are unsure of how to do this, competent staff (in local or through central IT departments) have been identified that can provide support.	• Monitors have minimised brightness settings visible, and there are no screens on when not in use (e.g. on longer than 15 min).	• Monitors are not set to minimum brightness, and/or have no sleep settings.
		• Details of where support can be obtained is evidenced.	
Sample & Chemical Management	All samples and chemical containers have legible labels, or there is a system in place to ensure that going forward all samples will be consistently labelled. The procedure for doing this has been communicated to all lab users and where possible, has been documented	• Request a spot check of one or more storage units to ensure a labelling system is in place.	• Upon inspection there are many samples which possess illegible labels or none at all, and there is no system in place to correct this.
Sample & Chemical Management	The lab has a system in place for sharing chemicals between users within the lab group. The procedure for identifying which resources can be shared has been communicated to all lab users. Your response should include the approach you use and how you tell people about it.	• Chemicals are shared where feasible, and waste of usable chemicals is minimised.	• Chemicals and reagents which may otherwise be shared are not and potentially wasted, and there is no plan or system in place moving forward to achieve this.
		• A shared shelf of chemicals is sufficient, if it is actively in use and maintained in some organised fashion.	
Research Quality	Common protocols and methods are documented and stored on a shared facility to make them available to all lab staff. Their location	• Where lab members are doing the same experiments/ processes, methods are standardised to improve comparability and consistency of results.	• The lab provides no means centrally to access protocols or methods for experiments common to the laboratory.

	and process for updating or adding new methods has been communicated to all lab members.	• Lab members can evidence a folder, paper or digital, in which common protocols are shared.	
		• Lab members varying protocols for scientific reasons is permitted.	
Research Quality	The lab has had its pipettes, scales, and any such equipment calibrated in the past year, or has them scheduled to be done. The procedure for doing this, including the person responsible for organising, the schedule and results (where necessary) are communicated to all lab users. Your response should include the method you use to do this.	• Ensure there is at minimum a plan in place to calibrate if not done in past 12 months.	• There are pipettes/ scales which have not been calibrated within 12 months, and there is no immediate plan to address this.
		• In absence of pipettes, ask if there are other similar items like scales.	• Users are not aware that taring i.e. zeroing a balance is not the same as calibration.
Ventilation	There is a system in place to ensure that any issues that Estates must address have been reported. This includes ventilation, room pressure, water leaks, heating & cooling, etc. This may include a nominated person(s) to whom faults are reported locally and who is responsible for alerting Estates or a central system for everyone to report on.	• There are no observable issues with heating, cooling, or ventilation which have not been reported to estates to address.	• There are noticeable issues with heating, cooling, or ventilation which have not been raised to estates, and there is not intent to do so.
		• Ensure users know where to go when needing to report any such faults.	
Ventilation	Fume cupboards and safety cabinets possess signage encouraging good practice. Where local exhaust systems are present instead, equivalent measures are taken to promote good energy management.	• There is signage in place encouraging users to lower fume cupboard sashes and turn safety cabinets off when not in use.	• There is no signage, and no plan in place to achieve this.