# Preface

This form is to be used to declare all hazards within your research proposed. When completing the form, please be as specific as possible, providing Safety Data Sheets (SDS) where applicable. Your thorough responses will help ensure that proper safety precautions can be made to mitigate occupational exposure/injury.

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| |  | | --- | | Principal Investigator | |  |  |  | | --- | | Department | |  |  |  | | --- | | Phone | |  |  |  | | --- | | Email | |  |   **S**   |  | | --- | | Lab Location (Building/Room) | |  |  |  | | --- | | Office Location (Building/Room) | |  | |

|  |  |
| --- | --- |
| **BIOLOGICAL HAZARDS:** | **NO  YES** |
| Intended Use | |
|  | |
| Amount Being Used & Route of Administration | |
|  | |
| Hazard Preparation Method & Location | |
|  | |
| Disposal Procedures (Including Animal Carcasses, Bedding, Feed, Water, etc.) | |
|  | |
| Personal Protective Equipment to be Used | |
|  | |
| Other Relevant Safety Information | |
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| **CHEMICAL HAZARDS:** | **NO  YES** |
| Intended Use | |
|  | |
| Amount Being Used & Route of Administration | |
|  | |
| Hazard Preparation Method & Location | |
|  | |
| Disposal Procedures (Including Animal Carcasses, Bedding, Feed, Water, etc.) | |
|  | |
| Personal Protective Equipment to be Used | |
|  | |
| Other Relevant Safety Information | |
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| **DRUG HAZARDS:** | **NO  YES** |
| Intended Use | |
|  | |
| Amount Being Used & Route of Administration | |
|  | |
| Hazard Preparation Method & Location | |
|  | |
| Disposal Procedures (Including Animal Carcasses, Bedding, Feed, Water, etc.) | |
|  | |
| Personal Protective Equipment to be Used | |
|  | |
| Other Relevant Safety Information | |
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| **RADIOLOGICAL HAZARDS:** | **NO  YES** |
| Intended Use | |
|  | |
| Amount Being Used & Route of Administration | |
|  | |
| Hazard Preparation Method & Location | |
|  | |
| Disposal Procedures (Including Animal Carcasses, Bedding, Feed, Water, etc.) | |
|  | |
| Personal Protective Equipment to be Used | |
|  | |
| Other Relevant Safety Information | |
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| --- | --- |
| **PHYSICAL HAZARDS:** | **NO  YES** |
| Intended Use | |
|  | |
| Amount Being Used & Route of Administration | |
|  | |
| Hazard Preparation Method & Location | |
|  | |
| Disposal Procedures (Including Animal Carcasses, Bedding, Feed, Water, etc.) | |
|  | |
| Personal Protective Equipment to be Used | |
|  | |
| Other Relevant Safety Information | |
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| --- | --- |
| **OTHER HAZARDS:** | **NO  YES** |
| Intended Use | |
|  | |
| Amount Being Used & Route of Administration | |
|  | |
| Hazard Preparation Method & Location | |
|  | |
| Disposal Procedures (Including Animal Carcasses, Bedding, Feed, Water, etc.) | |
|  | |
| Personal Protective Equipment to be Used | |
|  | |
| Other Relevant Safety Information | |
|  | |

# Additional Information

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| Are there any concerns regarding hazards being excreted? |
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| If dosing animals, how long will the hazard be of concern? |
|  |
| Do you require committee approvals? If so, denote the committee, approval date and number. |
|  |
| Do you require permits? If so, what permits and what is their status (or number)? |
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| --- |
| **ENVIRONMENTAL HEALTH & SAFETY OFFICE USE ONLY** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | EHS Representative | |  |   **S** | |  | | --- | | Review Date | |  |   **S** |

# Comments

TBD