

|                         |             |          |
|-------------------------|-------------|----------|
| Date:                   | PI/Contact: |          |
| Bldg(s):                | Dept:       | Room(s): |
| Subgroup if applicable: |             | Phone:   |

**Chemical Hazards:** Check all potential & applicable hazards in the Lab(s).

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Air reactive                      | <input type="checkbox"/> Lachrymator                       | <input type="checkbox"/> Specific target organ effect(s)           |
| <input type="checkbox"/> Allergens                         | <input type="checkbox"/> Neurotoxin                        | <input type="checkbox"/> Toxics (acute, highly or extremely toxic) |
| <input type="checkbox"/> Carcinogen                        | <input type="checkbox"/> Oxidizer, strong oxidizer         | <input type="checkbox"/> Shock sensitive material                  |
| <input type="checkbox"/> Chemical burn potential           | <input type="checkbox"/> Peroxide, peroxide forming compd. | <input type="checkbox"/> Water reactive                            |
| <input type="checkbox"/> Corrosive                         | <input type="checkbox"/> Poison                            | <input type="checkbox"/> Other hazards (identify)                  |
| <input type="checkbox"/> Explosive                         | <input type="checkbox"/> Pyrophoric                        | <input type="checkbox"/>   |
| <input type="checkbox"/> Flammable                         | <input type="checkbox"/> Reproductive hazard               | <input type="checkbox"/>   |
| <input type="checkbox"/> Heavy metals (Ag, Pb, Cd, Cr, Hg) | <input type="checkbox"/> Sensitizers                       | <input type="checkbox"/>   |

**Physical & Equipment Hazards:** Identify hazards and equipment.

|  |   |
|--|---|
| <input type="checkbox"/> Machinery/ tools  | <input type="checkbox"/> Vacuum, high pressure, sealed tubes    |
| <input type="checkbox"/> High noise levels   | <input type="checkbox"/> Cryogenes                              |
| <input type="checkbox"/> Compressed gas cylinders  | <input type="checkbox"/> General electrical hazards             |
| <input type="checkbox"/> Magnetic hazard _____   | <input type="checkbox"/> High voltage, high current             |
| <input type="checkbox"/> Open flames (ex: Bunsen burners)  | <input type="checkbox"/> High temperature, exothermic reactions |
| <input type="checkbox"/> Centrifuges   | <input type="checkbox"/> Autoclaves                             |
| <input type="checkbox"/> nonionizing radiation: <input type="checkbox"/> microwave <input type="checkbox"/> ultrasound <input type="checkbox"/> ultraviolet <input type="checkbox"/> infrared <input type="checkbox"/> laser |   |
| <input type="checkbox"/> ionizing radiation: <input type="checkbox"/> x-ray <input type="checkbox"/> RAM <input type="checkbox"/> Cobalt 60  |   |

**Health and Safety Requirements:** Identify hazard controls utilized in the lab.

|  |  |  |
|--|--|--|
| <input type="checkbox"/> safety glasses, type _____  | <input type="checkbox"/> gloves, type _____            | <input type="checkbox"/> respirator, type _____          |
| <input type="checkbox"/> face shield/Other shielding | <input type="checkbox"/> earplugs/muffs                | <input type="checkbox"/> protective clothing, type _____ |
| <input type="checkbox"/> laser shielding             | <input type="checkbox"/> local ventilation, type _____ | <input type="checkbox"/> biosafety cabinet               |
| <input type="checkbox"/> radiation badge             | <input type="checkbox"/> warning signs, lights, alarms | <input type="checkbox"/> Glove box                       |
| <input type="checkbox"/> decontamination needed      | <input type="checkbox"/> ultraviolet light             | <input type="checkbox"/> other _____                     |
| <input type="checkbox"/> biosafety level 1           | <input type="checkbox"/> biosafety level 2             | _____  |

**Disposal Hazards & Procedures:** Check waste you may be generating and disposal methods used.

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Ignitable (FP <140 F) | <input type="checkbox"/> Corrosive (pH <2 or >12.5)         | <input type="checkbox"/> Reactive (water/air reactive)     |
| <input type="checkbox"/> Toxic (Heavy metals)  | <input type="checkbox"/> Radioactive waste                  | <input type="checkbox"/> Steam sterilization (autoclaving) |
| <input type="checkbox"/> Sink Disposal         | <input type="checkbox"/> Place in Hazardous waste container | <input type="checkbox"/> Bleach treatment                  |
| <input type="checkbox"/> Sharps disposal       | <input type="checkbox"/> Glass Disposal                     | <input type="checkbox"/>                                   |

**Biological Hazards:** YES \_\_\_\_\_ NO \_\_\_\_\_