
HAZARDOUS AGENT OR PROCESS

A. Principal Investigator

Name and Department: _____

Phone Extension: _____ Email: _____

B. Project Title**C. Laboratory Description**

Building Number _____ Laboratory Room Number(s) _____

Biosafety Level Required: Exempt BSL-1 BSL-2 BSL-3 ABSL-1 ABSL-2 ABSL-3Biosafety Cabinet Available: Yes No If yes, is BSC currently certified: Yes NoChemical Fume Hood Available: Yes NoSafety Shower and Eyewash Available: Yes No**D. Animal Use**

Will animals be utilized in this project Yes No

If yes, provide IACUC number if approved: _____

E. Hazardous Agents**Yes No****1. Biohazards**

Will this project involve the use of Human tumor cells, human and non-human primate blood and body fluids, cell lines immortalized with a virus, recombinant or synthetic DNA (including exempt experiments, infectious DNA or RNA viruses or defective viruses in the presence of helper virus, biological toxins including exempt quantities of select toxins, risk group 1,2 or 3 agents (see NIH guidelines appendix B http://osp.od.nih.gov/sites/default/files/NIH_Guidelines.html#_Toc351276291) or novel infectious agent?

If yes, A Bioagent Registration Application must be submitted and approved by the IBC/BSO.

If approval has already been obtained, please provide the IBC approval number:

IBC Approval Number: _____

2. Hazardous Chemicals to Chemicals, Solvents, and Gases

Will this project involve the use of chemicals, solvent, or gases? See http://www.epa.gov/sites/production/files/2015-03/documents/list_of_lists.pdf for a current list

If yes, have all chemical products and gases to be used with this project been reported in your online chemical inventory? <http://10.171.181.21/ehsaweb/ehsawebisapi.dll>, If not, contact EHS Chemical Safety at 407-823-3307.

Yes No**3. Controlled Substances and Regulated Chemicals**

a. Will this project involve the purchase of DEA List I or II Regulated Chemicals?
http://www.dea diversion.usdoj.gov/schedules/orangebook/f_chemlist_alpha.pdf

If yes , please provide the chemical name, and quantity to be ordered:

b. Will this project involve the use of DEA controlled substances?
<http://www.dea diversion.usdoj.gov/schedules/index.html>

c. Will this project involve use of prescription drugs, medical grade oxygen, or quantities of diethyl ether over 2.5 gallons?

4. Sealed and Unsealed Radioactive Materials

Will this project involve the use of sealed or unsealed radioactive material sources?

5. Explosives

Will this project involve the use or manufacture of ATF regulated explosives?

F. Hazardous Processes**1. Ionizing and Non-Ionizing Radiation Producing Machines**

a. Will project involve use of ionizing radiation producing machine?

b. Will this project involve the use of class IV or III b lasers?

2. Shipments of Hazardous Materials

a. Will this project involve the shipment of biological, chemical, or radioactive materials from campus to offsite locations?

b. Will this project involve the import or export of biological, chemical, or radioactive materials?

3. Field Research

Will this project involve research activities outside the geographic boundaries of UCF owned or operated facilities and/or outside the United States?

I understand that I will be responsible to comply with federal, state and local regulations that pertain to all my research and laboratory activities. I accept responsibility for providing, through scheduling or teaching, training to all personnel involved in my laboratory. The information here is accurate and complete.

PI Signature: _____

Date: _____

EHS Use Only

Application reviewed by: Lab Safety Biosafety Radiation Safety Risk Management

Approved **Modifications required for approval** **Deferred** **Denied** **Sent to full committee review**

Biosafety Permit/IBC Protocol number: _____

Chemical Permit: _____

Radiation Permit: _____

Controlled Substance Permit: _____

HAPI Protocol Number: _____

Risk Assessment: The assessment must indicate that all lab personnel are up to date on EHS training with EH&S, and that appropriate waste containers and PPE for the listed biohazards are present in the lab. If not, the PI must indicate when these requirements will be added / completed.

Lab personnel are up to date on training with EHS: Yes No

Appropriate waste containers and PPE present in lab: Yes No

PI has proposed standard operating procedures (SOPs) including proper handling protocols, containment requirements, decontamination / spill clean-up, and waste disposal templates. Yes No

Required Medical Surveillance: _____

LSO Signature: _____

Date: _____

RSO Signature: _____

Date: _____

BSO Signature: _____

Date: _____

Associate
Director EHS
Signature: _____

Date: _____