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|  <b>Environmental Health and Safety</b><br><small>UNIVERSITY OF CENTRAL FLORIDA</small> | <b>Effective Date:</b><br><b>05/22/2020</b>                                  | <b>Form Number:</b><br><b>ESH_SOP309_FORM 001</b> |
| <b>TITLE:</b><br><b>Environmental Aspects Assessment for Leased Spaces</b>   | <b>Responsible Authority:</b><br><b>Environmental Management Coordinator</b> |   |

## Environmental Aspects Assessment of Leased Spaces

### General Information

1. Business Name: \_\_\_\_\_
2. Location of Leased Space (Space): \_\_\_\_\_
3. Contact Name: \_\_\_\_\_
4. Contact Phone Number: \_\_\_\_\_
5. Emergency Contact Name: \_\_\_\_\_
6. Emergency Phone Number (available 24 hours): \_\_\_\_\_
7. Description of Business/Research Activities or Processes:

### Hazardous Aspects Questionnaire

#### Biohazards

1. Will the occupant be performing activities that involve the use of blood, blood products, human tissue, animal organisms, and/or recombinant DNA?  Yes  No
  - a. If Yes, does the Principal Investigator have a Bioagent Registration and Authorization for these materials? (Please attach relevant documents.)  Yes  No
  - b. What is the laboratory biosafety level? \_\_\_\_\_
2. Will the occupant be performing activities that involve the use of Health and Human Services or United States Department of Agriculture regulated Select Agents or Toxins?  Yes  No
  - a. If Yes, provide the registration for the person authorized to possess these materials.  
 Registration approval number: \_\_\_\_\_

## Environmental Aspects Assessment of Leased Spaces

### Hazardous Chemicals

1. Will the occupant be performing activities that involve the use of hazardous chemicals or gases?  
Yes No
  - a. If Yes, fill out and attach the UCF Chemical Inventory form or check box certifying lab's chemical inventory is in EHSA and up to date. I certify that EHSA is up to date.
2. Will 190 or 200 proof alcohols be maintained onsite? Yes No
  - a. If Yes, attach authorization.

### Controlled Substances and Regulated Chemicals:

1. Will the occupant be performing activities that involve the purchase of Drug Enforcement Administration (DEA) List I or II regulated chemicals? Yes No
  - a. If Yes, provide a separate list of these chemicals.
2. Will the occupant be performing activities that involve DEA controlled substances?  
Yes No If Yes, attach a copy of DEA Form 225.
  - a. Is the PI licensed by the DEA to possess these substances? Yes No  
If Yes, attached copy of the license.
3. Will the occupant be performing activities that involve prescription drugs, medical grade oxygen and/or quantities of diethyl ether in excess of 2.5 gallons? Yes No
  - a. If Yes, are you permitted by the Department of Health to possess these substances?  
Yes No
  - b. List permit or permit exemption number: \_\_\_\_\_

### Explosives

1. Will the occupant be performing activities that involve the use or manufacture of Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) regulated explosives? Yes No
  - a. If Yes, attach a copy of each Employee Possessor Form.
2. Are you licensed by the Florida State Fire Marshal to possess explosives? Yes No
  - a. If Yes, attach State Explosives License.

### Sealed and Unsealed Radioactive Materials

1. Will the occupant be performing activities that involve sealed or unsealed radioactive material sources? Yes No
  - a. If Yes, are you authorized by the University Bureau of Radiation? (Attach authorization)

## Environmental Aspects Assessment of Leased Spaces

### Ionizing and Non-ionizing Radiation

1. Will the occupant be performing activities that involve ionizing and/or non-ionizing radiation producing machines? Yes No
  - a. If Yes, is the machine currently registered with the Bureau of Radiation Control? (Attach a copy of the registration)
2. Will the occupant be performing activities that involve Class IIIb or IV lasers? Yes No
  - a. If Yes, is the laser registered with the Bureau of Radiation Control? (Attach registration)

### Environmental Management

1. Will the occupant be performing activities that involve the generation of Hazardous Waste or other regulated wastes? (This includes, but is not limited to RCRA Hazardous Waste, Radioactive Waste, Biomedical Waste, Universal Waste, and Used Oil.) Yes No
  - a. If Yes, provide a list of each type of waste and the estimated quantity that will be generated each month:
  
2. Will the occupant be conducting processes or activities that involve the use of large amounts of potable water? Yes No
  - a. If Yes, what is the estimate quantity to be used in gallons/month?  
\_\_\_\_\_
3. Will the occupant be performing activities that may discharge to stormwater? Yes No
  - a. If Yes, provide a description of the activities and the quality and quantity of the discharge in gallons/month: \_\_\_\_\_
4. Will the occupant be performing activities that involve the production of wastewater that may exceed the local sewer pollutant limits? Yes No
  - a. If Yes, a meeting must be arranged with a representative from the EHS Department.
5. Will the occupant be performing activities that involve the installation of stationary combustion equipment? Yes No
  - a. If Yes, list each piece of equipment, including its size.
6. Will the occupant be performing activities that involve the production of Hazardous Air Pollutants (e.g. painting, printing press, air emissions/pollution research activities)? Yes No
  - a. If Yes, describe these activities:

**Environmental Aspects Assessment of Leased Spaces**

- 7. Will the occupant be performing activities that involve the management of Ozone Depleting Substances (ODS)?    Yes   No
  - a. If Yes, provide a list of the ODS and the quantities to be stored on site:
  
- 8. Will the occupant be performing activities that require the installation of an above ground or below ground storage tank?    Yes   No
  - a. If Yes, list the storage capacity and contents for each tank:
  
- 9. Attach an Emergency Response Plan appropriate of activities to be conducted in this space.
- 10. Describe any other aspects of the proposed occupancy that could potentially affect the environmental.

Contact Signature:

I have read the UCF Laboratory Environmental Management Procedures, and I have reviewed the information contained herein, verified that it is accurate and complete to the best of my knowledge and hereby submit this form for EHS concurrence.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

EHS Signature:

The Space indicated on this form is appropriate for the uses and materials described above. Any significant changes to the activities or materials described must be reviewed by EHS prior to implementation.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Document Review by:

Biosafety Officer \_\_\_\_\_

Chemical Safety Officer \_\_\_\_\_

Lab Safety Officer \_\_\_\_\_

Radiation Safety Officer \_\_\_\_\_

Environmental Management Coordinator \_\_\_\_\_

Other: \_\_\_\_\_