

## Lab Safety – EHS Review Form

*This form provides initial information for an environmental health and safety assessment of your request for a new or renovated lab. Upon receipt, EHSO will conduct the assessment and submit a list of requirements to the Project Manager for their design. Please keep in mind any plans for the future of the space and answer based on the highest risk or need (e.g., additional or upgraded electrical, highest containment level).*

**NOTE:** Laboratories include teaching laboratories, research laboratories and instrument laboratories where chemicals, biological agents, and radioisotopes are used. This document expressly excludes the design of animal use facilities and Containment Level 3 facilities. If this need arises, please contact EHSO directly for further support.

Project Req #: \_\_\_\_\_

Campus: \_\_\_\_\_ Unit/Dept: \_\_\_\_\_

Building: \_\_\_\_\_ Room No./Loc: \_\_\_\_\_

Instructor/PI: \_\_\_\_\_ Dept. Head: \_\_\_\_\_

### Project Description:

Research Lab    Teaching Lab

  
  
  
  
  
  
  
  
  
  

*Check all hazards that apply:*

Chemical Hazards	
<p><b>Health Hazards</b></p> <p><input type="checkbox"/> Acute toxicity</p> <p><input type="checkbox"/> Skin corrosion</p> <p><input type="checkbox"/> Skin irritation</p> <p><input type="checkbox"/> Eye effects</p> <p><input type="checkbox"/> Sensitization (Skin or Eye)</p> <p><input type="checkbox"/> Germ cell mutagenicity</p> <p><input type="checkbox"/> Carcinogenicity</p> <p><input type="checkbox"/> Reproductive toxicity</p> <p><input type="checkbox"/> Target organ systemic toxicity: single and repeated exposure</p> <p><input type="checkbox"/> Aspiration toxicity</p>	<p><b>Physical Hazards</b></p> <p><input type="checkbox"/> Explosives</p> <p><input type="checkbox"/> Flammable gases</p> <p><input type="checkbox"/> Flammable aerosols</p> <p><input type="checkbox"/> Oxidizing gases</p> <p><input type="checkbox"/> Compressed gases</p> <p><input type="checkbox"/> Flammable liquids</p> <p><input type="checkbox"/> Flammable solids</p> <p><input type="checkbox"/> Self-Reactive substances</p> <p><input type="checkbox"/> Pyrophoric solids or liquids</p> <p><input type="checkbox"/> Self-heating substances</p> <p><input type="checkbox"/> Substances which in contact with water emit flammable gases</p>
<p><b>Environmental Hazards</b></p> <p><input type="checkbox"/> Acute Aquatic Toxicity</p> <p><input type="checkbox"/> Chronic Aquatic Toxicity</p>	<p><input type="checkbox"/> Oxidizing liquids or solids</p> <p><input type="checkbox"/> Organic peroxides</p> <p><input type="checkbox"/> Substances corrosive to metal</p>

Biological Hazards	Radiation Hazards
<input type="checkbox"/> Containment Level 1 <input type="checkbox"/> Containment Level 2 <input type="checkbox"/> Containment Level 3 <input type="checkbox"/> Animal Care	<input type="checkbox"/> Radioisotopes <input type="checkbox"/> X-ray equipment <input type="checkbox"/> Lasers

**Specifications:**

Space / Floor Plan Requirements
<input type="checkbox"/> Office(s) <input type="checkbox"/> Dedicated computer/paper workstation(s) <input type="checkbox"/> Lunch or break room

Equipment (indicate both new and existing)		
<b>Ventilation</b> <input type="checkbox"/> Fume hood <input type="checkbox"/> Perchloric acid fume hood <input type="checkbox"/> Walk-in fume hood <input type="checkbox"/> Other local exhaust: _____	<b>Plumbing</b> <input type="checkbox"/> Vacuum systems <input type="checkbox"/> Natural gas lines <input type="checkbox"/> Compressed air lines	<b>Electrical</b> <input type="checkbox"/> Increased amperage
<b>Emergency Response</b> <input type="checkbox"/> Emergency shower <input type="checkbox"/> Eye wash station <input type="checkbox"/> First aid kit <input type="checkbox"/> Universal spill kit <input type="checkbox"/> Chemical spill kit <input type="checkbox"/> Oil spill kit <input type="checkbox"/> Mercury spill kit	<b>Specialty Equipment</b> <input type="checkbox"/> Autoclave <input type="checkbox"/> Biological safety cabinet <input type="checkbox"/> Sealed centrifuge <input type="checkbox"/> Glove box <input type="checkbox"/> Incinerator <input type="checkbox"/> Laser(s) <input type="checkbox"/> Other: _____	<b>Hazardous Material Storage</b> <input type="checkbox"/> Storage Shelves or cabinets <input type="checkbox"/> Flammable Cabinet <input type="checkbox"/> Fridge(s) <input type="checkbox"/> Freezer(s) <input type="checkbox"/> Climate Controlled Room (e.g. walk-in cooler) <input type="checkbox"/> Fuel Tank

<b>Notes:</b>
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 Yes  No This project includes the decommissioning of existing equipment.

 Yes  No Safe work procedures have been established for all equipment / processes? Contact EHSO if the answer is "No".

**Authorization**

Project Contact: \_\_\_\_\_ Date: \_\_\_\_\_

AES Project Manager: \_\_\_\_\_ Date: \_\_\_\_\_