



ANNUAL LABORATORY HAZARD REGISTRATION FORM

Please fax or hand deliver to:

Office of Environmental Health & Safety

Rm. LM-12, Preclinical Science Bldg.

Tel: (202)687-4712 Fax: (202)687-5046

DATE: _____

GEORGETOWN UNIVERSITY

I. PRINCIPAL INVESTIGATOR:

Principal Investigator: _____
Last First MI

Office Location: _____ Department: _____
Room # Bldg.

NetID (email): _____ Phone Numbers: _____ Fax: _____
Office Lab

II. LABORATORY SPACES:

My staff conducts research/stores research material in the following location(s): *(List common/shared rooms)*

Room Number	Building	Type of Research Materials Used <i>(check all that apply)</i>	Biological Safety Level <i>(level 3 and 4 not permitted)</i>
1		<input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> N/A
2		<input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> N/A
3		<input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> N/A
4		<input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> N/A
5		<input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> N/A
6		<input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> N/A
7		<input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> N/A
8		<input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> N/A
9		<input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> N/A
10		<input type="checkbox"/> Radiological <input type="checkbox"/> Biological <input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> N/A

AFTER-HOURS EMERGENCY CONTACT INFORMATION *(Information must be posted on door)*

	Full Name <i>(Last, First MI)</i>	Position Title	Phone Number
1. Primary Contact <i>(Required)</i>			
2. Secondary Contact			
3. Other			

III. LABORATORY MEMBERS AND TRAINING:

Please list students, faculty, and staff members:

Full Name (<i>Last, First MI</i>)	Position Title	Completed Training (<i>check all applicable</i>)		
		Lab, Biological, & Fire Safety ** (Conducted by EH&S)	Lab Specific, Chemical Hygiene Plan, & SOP ** (Conducted by PI)	Annual OSHA Bloodborne Pathogens † (Conducted by EH&S)
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** Required Training for all individuals.

† Required for individuals handling human blood, body secretions, human tissue, or other potentially infectious material (OPIM).

IV. BIOLOGICAL AND INFECTIOUS MATERIALS:

Individuals in my laboratory conduct research with the following types of **BIOLOGICAL** materials:

Type of Material	Specific Type	Quantity Available	Location of Use and Storage
<input type="checkbox"/> Infectious Agents <i>Living organism or particle known to cause an infectious disease. Examples: Prions, bacterial, viral, fungal, parasitic, and rickettsial agents.</i>			
<input type="checkbox"/> Cell Lines or Human Tissue <i>Examples: Human derived cell lines, cell lines designated BioSafety Level 2, any unfixed human tissue.</i>			

Type of Material	Specific Type	Quantity Available	Location of Use and Storage
<input type="checkbox"/> Human Blood, Human Blood Components, or Human Body Fluids <i>Examples: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid peritoneal fluid, amniotic fluid.</i>			
<input type="checkbox"/> Biologically-Derived Toxins <i>Examples: Tetrodotoxin, cholera toxin, aflatoxin, lipopolysaccharides from all species, conotoxin.</i>			
<input type="checkbox"/> Recombinant DNA <i>Describe the sequences inserted; the nature and name of the vector used to amplify the recombinant construct.</i>			

COMPLIANCE NOTICE: All individuals in laboratories that use human tissue, cells, blood, blood components, body secretions or OPIM are required to complete the mandatory Annual OSHA Bloodborne Pathogens Training in accordance with OSHA Standard 29 CFR 1910.1030.

V. CHEMICAL MATERIALS: Please attach an updated Chemical Inventory from Environmental Health and Safety Assistant (EHSA) (Laboratory Inventory from [here](#)). Please retain a copy of your inventory in your MSDS binder.

The following categories of **CHEMICALS** will be utilized or stored in my laboratories:

SOLID/ POWDER	
Hazard Category	Maximum Quantity Stored (Kilograms)
<input type="checkbox"/> Flammable	
<input type="checkbox"/> Corrosive	
<input type="checkbox"/> Carcinogen	
<input type="checkbox"/> Oxidizer	
<input type="checkbox"/> Peroxide Former	
<input type="checkbox"/> Poison	
<input type="checkbox"/> Water Reactive	
<input type="checkbox"/> Pyrophoric	

LIQUID	
Hazard Category	Maximum Quantity Stored (Liters)
<input type="checkbox"/> Flammable	
<input type="checkbox"/> Corrosive	
<input type="checkbox"/> Carcinogen	
<input type="checkbox"/> Oxidizer	
<input type="checkbox"/> Peroxide Former	
<input type="checkbox"/> Poison	
<input type="checkbox"/> Water Reactive	
<input type="checkbox"/> Pyrophoric	
<input type="checkbox"/> Other (Mercury)	

The following categories of **GAS/COMPRESSED GASES** will be utilized or stored in my laboratories:

Hazard Category	Specify Type of Gas	Maximum Number of Cylinders
<input type="checkbox"/> Flammable Gas (i.e. Propane, Acetylene)		
<input type="checkbox"/> Corrosive Gas (i.e. Hydrogen Chloride)		
<input type="checkbox"/> Oxidizing Gas (i.e. Oxygen, Ozone)		
<input type="checkbox"/> Poison/Toxic Gas (i.e. Ammonia, Chlorine, Nitric Oxide)		

Hazard Category	Specify Type of Gas	Maximum Number of Cylinders
<input type="checkbox"/> Pyrophoric Gas (i.e. Phosphine, Silane)		
<input type="checkbox"/> Cryogenic Gas/ Liquid (i.e. Liquid Nitrogen)		
<input type="checkbox"/> Inert Gas (i.e. Argon, Helium, Air, Nitrogen)		

VI. PROTOCOLS APPROVED (List all active/approved protocols):

Institutional BioSafety Committee (IBC) Protocols

Title of Protocol	Protocol Number

Chemical Safety Review Committee (CSRC) Protocols

Title of Protocol	Protocol Number

VII. NON-IONIZING RADIATION:

The following **NON-IONIZING RADIATION PRODUCING** equipment will be utilized or stored in my laboratories:

Type of Equipment	Equipment Name/Description	Rm./Bldg.
<input type="checkbox"/> Laser	Specify Laser Class:	
<input type="checkbox"/> Magnet Field Producing <i>(i.e. Nuclear Magnetic Resonance Spectroscopy)</i>	Specify Magnetic Field Strength:	
<input type="checkbox"/> Radiofrequency (RF)/ Microwave (MW) Producing	Specify Frequency:	
<input type="checkbox"/> Subradiofrequency (ELF) Producing	Specify Frequency:	
<input type="checkbox"/> Ultraviolet Producing <i>(i.e. lamps, transilluminators, crosslinkers)</i>		

VIII. CERTIFICATION/ACKNOWLEDGEMENT:

I certify that the information provided in this form, and in any attachments hereto, is true and complete. I understand that EH&S will use this information to assess hazards associated with research in my laboratories. I will notify EH&S of any changes to the provided information. I understand that I am responsible for providing training and enforcing governmental regulations regarding laboratory safety for all personnel who work under my direction. All personnel have been informed of potential risks, proper laboratory practices, and completed and/or scheduled all OSHA mandatory training before working with hazardous materials in my laboratory.

Principal Investigator:

Signature: _____ Date: _____

Name (Print): _____

EH&S USE ONLY:

Received: _____

Reviewed By: _____ Date: _____