**Laboratory Registration From**

Instructions – Each laboratory room (instructional and non-academic instructional) must have a separate Laboratory Registration Form. Please complete the form and save the form for each room separately before beginning a new form for a new room. Please submit completed forms via email to UCCS EH&S Department through [cnorton@uccs.edu](mailto:cnorton@uccs.edu). If you need assistance in completing this form, please contact Cynthia Norton (x3212).

Purpose of submitting this form: Date:

|  |  |
| --- | --- |
|  | Registration of new laboratory space |
|  | Change in Room Number/ Principal Investigator/ Contact Information |
|  | Annual Verification |
|  | Other (please explain): |

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| **General Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building | | |  | | | Room No. | | |  | | | | Department | | | | | | | | |  | | |
| Room Description | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Please provide a brief description of the type of research which will be conducted in this lab.** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Hazards or Special Concerns (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Biological hazards / Pathogens | | | | | | | | | | | | | |  | | Ionizing Radiation / Radioactive Materials | | | | | | | | |
|  | Carcinogens | | | | | | | | | | | | | |  | | Lasers - write highest laser class (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | |
|  | Compressed Gases | | | | | | | | | | | | | |  | | Magnetic field generator | | | | | | | | |
|  | Corrosive Liquids (Acids or Strong Bases) | | | | | | | | | | | | | |  | | Nanoparticles (type: \_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | |
|  | Cryogenics | | | | | | | | | | | | | |  | | Noise | | | | | | | | |
|  | Flammable liquids | | | | | | | | | | | | | |  | | Power Tools | | | | | | | | |
|  | High Voltage Equipment ( > 600 volts) | | | | | | | | | | | | | |  | | Pyrophorics | | | | | | | | |
|  | Hydrofluoric Acid | | | | | | | | | | | | | |  | | X-Rays | | | | | | | | |
| Describe other hazards or special concerns. (i.e. Inorganic Mercury) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe any restricted areas in which the Principal Investigator’s or lab staff presence is required for entry: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location in the room of the Safety Data Sheets | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **OSHA Carcinogens - Does this location contain any amount of the following chemicals?**  **(Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Acrylonitrile | | | | | |  | Ethylene Oxide | | | | | |  | | alpha-Naphthylamine | | | |  | 4-Dimethylaminoazo-benzene | | | | |
|  | Asbestos | | | | | |  | Formaldehyde | | | | | |  | | 4-Aminodiphenyl | | | |  | Ethyleneimine | | | | |
|  | Benzene | | | | | |  | Inorganic Arsenic | | | | | |  | | Benzidine | | | |  | Methyl chloromethyl ether | | | | |
|  | 1,3-Butadiene | | | | | |  | Methylene Chloride | | | | | |  | | beta-Naphthylamine | | | |  | 4-Nitrobiphenyl | | | | |
|  | Cadmium | | | | | |  | Methylenedianiline | | | | | |  | | beta-Propiolactone | | | |  | N-Nitrosodimethylamine | | | | |
|  | Chromium (VI) | | | | | |  | Vinyl Chloride | | | | | |  | | bis-Chloromethyl ether | | | |  |  | | | | |
|  | 1,2-Dibromo-3-Chloropropane | | | | | |  | 2-Acetylaminofluorene | | | | | |  | | 3,3'-Dichlorobenzidine (and its salts) | | | | | | | | | |
| **Waste Information (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazardous Chemical Wastes | | | | | | | | | | | | | | | Controlled Wastes | | | | | | | | | | |
|  | Flammables | | | | | | | | | | | | | |  | | Biomedical/Infectious Waste | | | | | | | | |
|  | Oxidizers | | | | | | | | | | | | | |  | | Sharps | | | | | | | | |
|  | Corrosive | | | | | | | | | | | | | |  | | Used Oils, Oil filters | | | | | | | | |
|  | Reactives | | | | | | | | | | | | | |  | | Batteries | | | | | | | | |
|  | Toxics | | | | | | | | | | | | | |  | | Silver | | | | | | | | |
|  | Radioactive or Radioactive Mixed Wastes (radioactive wastes mixed with any of the above) | | | | | | | | | | | | | |  | | Paint (paint related) | | | | | | | | |
|  | Infectious Mixed Wastes (infectious agents mixed with any of the above) | | | | | | | | | | | | | |  | | Other (specify) | | | | | | | | |
| **Ventilation (Biosafety Cabinets - Fume Hoods – Laminar Flow Hoods)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type** | | | | **Serial Number** | | | | | | **Location** | | | | | | | | | **Last Certification Date:** | | | | **Equipped with real-time monitor** | | |
| **B F L** | | | |  | | | | | |  | | | | | | | | |  | | | | **Y N** | | |
| **B F L** | | | |  | | | | | |  | | | | | | | | |  | | | | **Y N** | | |
| **B F L** | | | |  | | | | | |  | | | | | | | | |  | | | | **Y N** | | |
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| **B F L** | | | |  | | | | | |  | | | | | | | | |  | | | | **Y N** | | |
| **Personal Protective Equipment**  **The following items are available in the lab. Check all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Safety Glasses/Goggles | | | | | | | | | | | | | |  | | Face Shield | | | | | | | | |
|  | Aprons | | | | | | | | | | | | | |  | | Hearing Protection | | | | | | | | |
|  | Lab Coats | | | | | | | | | | | | | |  | | Respirator | | | | | | | | |
|  | Gloves (specify type) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Preparedness**  **The following are available in the lab. Check all that apply** | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Emergency Eye Wash | | | | | | | | | | | | | |  | | Emergency Contingency Plans | | | | | | | | |
|  | Emergency Showers | | | | | | | | | | | | | |  | | Emergency Spill Equipment | | | | | | | | |
|  | Fire Extinguishers | | | | | | | | | | | | | |  | | Posted contact numbers for emergency | | | | | | | | |
| **Specialized Equipment** | | | | | | | | | | | | | | | | | | | | | | | | | |
| We have Cold Storage - Below Sub 20 | | | | | | | | | | | | |  | | Do you have Cold Storage – Below Sub 80 | | | | | | | | |  | |
|  | the system listed above is system alarmed with an audible alarm | | | | | | | | | | | |  | |  | | the system listed above is system alarmed with an audible alarm | | | | | | |  | |
|  | the alarm is connected to a reporting system | | | | | | | | | | | |  | |  | | I the alarm is connected to a reporting system | | | | | | |  | |
|  | Where does the alarm report to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | | Where does the alarm report to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | Where does the alarm report to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | It connected to a dedicated outlet with back-up power | | | | | | | | | | | |  | |  | | It connected to a dedicated outlet with back-up power | | | | | | |  | |
|  | the storage system is on a scheduled maintenance plan | | | | | | | | | | | |  | |  | | the storage system is on a scheduled maintenance plan | | | | | | |  | |
|  | What is the frequency of maintenance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | | What is the frequency of maintenance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | Who performs the maintenance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | | Who performs the maintenance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| We have other critical systems which are alarmed and/or susceptible to power outages) | | | | | | | | | | | |  | | | Describe the system: | | | | | | | | | | |
| **Laser Registration** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Laser** | | **Serial No** | | | **Manufacturer** | | | | | | | **Year Manufactured** | | | | | | **Model** | | | | **Class** | **Type** | | |
| **1** | |  | | |  | | | | | | |  | | | | | |  | | | |  |  | | |
| **2** | |  | | |  | | | | | | |  | | | | | |  | | | |  |  | | |
| **3** | |  | | |  | | | | | | |  | | | | | |  | | | |  |  | | |
| **4** | |  | | |  | | | | | | |  | | | | | |  | | | |  |  | | |
| **Laser** | | **Maximum Power** | | | **Medium** | | | | | | | **Wavelength** | | | | | | **Pulse Duration** | | | | **Pulse Frequency** | **Enclosed Beam (Y/N)** | | |
| **1** | |  | | |  | | | | | | |  | | | | | |  | | | |  |  | | |
| **2** | |  | | |  | | | | | | |  | | | | | |  | | | |  |  | | |
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| **Principal Investigator** | | | | | | | | | | | |
| Principal Investigator | | | Title | e-mail | | | | Campus Phone | | | Emergency Phone | cy Phone |
|  | | |  |  | | | |  | | |  |  |
|  | | |  |  | | | |  | | |  |  |
| **Emergency Contact Information** | | | | | | | | | | | |
| Emergency Contact | | Title | | | e-mail | | Campus Phone | | | Emergency Phone | |
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| **Registration of Laboratory Employees**  **(List all employees, undergraduate students, graduate students, fellow researchers)** | | | | | | | | | | | |
| **First Name** | **Last Name** | | | | | **e-Mail** | | | **EHS Use Only** | | |
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**Principal Investigator’s Certification**

I have reviewed the information contained in this Lab Registration Form and found it to be accurate to the best of my knowledge.

Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submitting this form via email serves as a valid signature for this form.**

Thank you for taking the time to complete the UCCS EH&S Laboratory Registration Form. We know that operations and practices can change. Things which require an update to this form:

* New location (room change)
* Emergency contact change
* Significant change in hazards (e.g. started using a toxin, etc.)
* Significant change in waste streams

If you have any questions, please contact Cynthia Norton (x3212 [cnorton@uccs.edu](mailto:cnorton@uccs.edu))

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***This section to be completed by EH&S Dept.*** | | | | | | | | | | |
| **General Information** | | | | | | | | | | |
| Building |  | Room No. |  | Department | |  | | e-Mail | |  |
| Principal Investigator (PI) | |  | | | | | Campus Phone | |  | |
| Biosafety Level: | | | | |  | | | | | |
| Lab Safety Plan Required? | | | | |  | | | | | |
| Laser Safety Plan Required? | | | | |  | | | | | |
| Additional Protocols Required? | | | | |  | | | | | |
| NFPA Ratings: | | | | |  | | | | | |
| Additional PPE Required? | | | | |  | | | | | |
| Chemical Inventory Date? | | | | |  | | | | | |