**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. 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):  |

|  |
| --- |
| **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.**  |
|  |
| **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** |
| **B F L**  |  |  |  | **Y N** |
| **B F L** |  |  |  | **Y N** |
| **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** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |

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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)

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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? |  |