



STARTUP LABORATORY PROJECT SAFETY COMPLIANCE FORM

You must complete the following for all hazardous materials or procedures involved in a Research Laboratory Project to be located within a S&W Building. Return to the Office of Research Laboratory Compliance, Room 106. Use additional sheets as necessary.

** Please note that **any future additions or modifications** to already approved protocols, including hazardous materials/ procedures, **must** be documented and **forwarded** for review to the Office of Research Laboratory Compliance. These will be subject to compliance evaluation before implementation approval may be granted.

General Information

Principal Investigator: _____

Project Title: _____

1] Complete the following:
Building (Institution & Building #): _____
Room: _____

2] Will the project use any of the following? (Please check all that apply.)

a. Human tissue/sample	<input type="checkbox"/>	d. Microbial Agents	<input type="checkbox"/>
b. Animals/Animal Tissue*	<input type="checkbox"/>	e. Chemicals	<input type="checkbox"/>
c. Radioisotopes	<input type="checkbox"/>	f. Recombinant DNA	<input type="checkbox"/>
g. Other pathogens, i.e., protozoan, multi-cellular parasites	<input type="checkbox"/>		
h. Poisonous, toxic, venomous animals/plants	<input type="checkbox"/>		
i. Physical agents, i.e., electricity, trauma, etc.	<input type="checkbox"/>		

***NOTE:** If this item is checked, applicant must complete and submit IACUC Animal Use Protocol components.

Human Tissue/Samples

1. Will personnel work with human blood or body fluids? Yes No
If yes, specify: _____

2. Will personnel work with human organs or tissue? Yes No
If yes, specify: _____

3. Will personnel work with human cell lines? Yes No
If yes, specify: Name: _____

Hazard: _____

BSL Level: _____

Precaution: _____

Radioisotopes

Will you be working with radioisotopes?
IF YES, COMPLETE THE FOLLOWING:

Yes No

Isotopes*	Maximum Amount in Laboratory at any Given Time

***NOTE:** If iodine is used, will compounds be radioiodinating?
IF YES, COMPLETE THE FOLLOWING:

Yes No

Location:

Building:

Room:

Will isotope be used in humans?

Yes No

1. License #:
2. If not currently licensed, do you have an application in progress? Yes No
3. If not currently licensed, under whose supervision will you perform operations involving the use of radioisotopes?

Microbial Agents

Is the microbial agent (potentially) infectious to humans?

Yes No

IF YES, COMPLETE THE FOLLOWING SECTION FOR EACH MICROORGANISM TO BE USED IN THE LABORATORY (copy this page if necessary)

1. Name of Agent:

Specify Strains:

Location(s) where Agent will be used/handled:

2. Is antibiotic resistance expressed?

Yes No

Largest volume of organism used is : Liter(s)

Concentration:

Is organism inactivated prior to other lab manipulations?

Yes No

3. Specify methods of agent concentration:

Centrifugation

Precipitation

Filtration

Other:

4. Specify methods of agent inactivation:

Heat

Chemical

Radiation

Other:

5. Is a toxin produced?

Yes No

6. Do you work with toxins?

Yes No

If yes, specify:

7. What containment equipment is requested? (check all that apply)

Biological Safety Cabinet Class I Class II Class III

Chemical Fume Hood

Containment Centrifuge

Centrifuge

Other:

Chemicals

Check all that apply:

- | | | |
|--|--------------------------------|-----------------------------|
| 1. Toxic chemical (including heavy metals) | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 2. Flammable/explosive/corrosive chemicals | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 3. Carcinogenic/mutagenic/teratogenic chemical | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 4. Toxic compressed gases | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 5. Acetylcholinesterase inhibitors/neurotoxins | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |

- NOTE:** If answered **Yes**, an MSDS must be furnished for each chemical listed below fitting that classification.

Chemical Inventory*

Chemical Name	Manufacturer/Catalog #	Anticipated Quantity

- NOTE:** New laboratories must supply complete startup inventory. Add supplemental pages as necessary.

Recombinant DNA

Will your research involve experimentation with recombinant DNA that falls under the Section I-C General Applicability of the *NIH Guidelines*? Yes No

If Yes to above, have you submitted your research protocol to the appropriate institutional biosafety committee for review? Yes No

Have you been approved for and performed recombinant DNA research in another facility? Yes No

Process or Procedural Hazards

Are there any processes or procedures with the potential for injurious accident such as:

- | | | |
|---------------|------------------------------|-----------------------------|
| Drilling | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Slicing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heating | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Snap Freezing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sonication | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Grinding | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Laboratory Staff Training

With regard to any of the potential hazards identified in this format, describe the training that has already been provided to any transferring laboratory staff in:

- Coordination with facility safety officials:
- The practices and techniques required to ensure safety:
- The procedures for dealing with accidents:

NOTE: Use as many additional pages as necessary to provide your description.

INVESTIGATOR ACKNOWLEDGEMENT OF RESPONSIBILITY

I certify that my protocol will be conducted in compliance with Federal, State, and local policies and regulations governing the use of chemical, radioactive, and biohazardous materials. I further certify that all technical and incidental staff involved with this project will be aware of potential hazards and will receive instructions and training on the proper handling and use of chemical, radioactive and biohazardous materials as required by the Office of Research Laboratory Compliance.

Principal Investigator: _____

Signature: _____

Date: _____

CERTIFICATION OF PROPOSAL RECEIPT

I have received the Proposal Safety Information for this application, reviewed, and filed it in the Office of Research Laboratory Compliance. Resources necessary for the performance of these proposed studies are available and adequate.

Office of Research Laboratory Compliance:

Signature: _____

Date: _____

PLEASE COMPLETE THIS ENTIRE FORM PRIOR TO SUBMITTING.

Note: If you have any questions concerning the completion of this form, call (254) 724-7774 or 724-8279.