LABORATORY CERTIFICATION FORM

1. Principal Investigator: _____ Date: _____

2. Dean/Dept. Chair: _____ Date: _____

3. Department(s): _____

4. Laboratory Location: Room _____ Building _____

5. Material(s) or Hazard Group (Attach list if necessary) _____

6. Maximum quantity on hand _____
   a.) < liter or 100 gm, 1 liter/100 grm to 5 liters/1kg, 5 liters/kg to 20 liters/5kg, > 20 liters/5kg
   b.) Concentration used: Dilute (<5%) Intermediate (5-25%) Concentrated (>25%)

7. Circle the hazards that apply:
   a. Flammable
   b. Corrosive
   c. Reactive
   d. Acute Toxicity
   e. Chronic Toxicity
   f. Carcinogenic
   g. Teratogenic
   h. Biological
   i. Radioactive

8. Chemical/Biological/Radioactive Information and Training
   a. Is safety information for these materials available? **YES** **NO**
   b. Has training in the safe use of these materials been provided to all potential users?
      Yes **NO**

9. What control measures are necessary to use the material(s) safely: _____
   _____
   _____
   _____

10. If Engineering Controls are utilized for the following:
    a. Fume hood-model type and certification numbers
       _____
    b. Biosafety Cabinet - model type and certification numbers
       _____

11. Personal Protective Equipment Needs: _____

Example-Nitrile gloves,

12. Emergency Response Equipment available:
    a. Safety Shower
    b. Eyewash Station
    c. Spill kits
    d. Fire Extinguishers

13. Environmental Sampling Requirements? If so what types and frequencies required?
    _____
    _____

14. Is medical monitoring required? Is so what employees and for what materials?
    _____
    _____

15. Where and with what equipment are the material(s) to be stored?
    Room _____

16. If refrigerator(s) or freezer(s) are they **fire rated or chemical resistant?**

17. Method of disposal (circle one): autoclave, incineration, contractor or SEC waste stream.

18. Identify the person(s) to be working in each laboratory and title: _____
    _____
    _____
    _____

19. Have all the necessary Material Safety Data Sheets been compiled and made available to staff? _____ Location easily assessable? _____

20. Worker exposure to hazardous chemicals, biological and radioactive materials required risk assessment before the work begins. Indicate who and how the employee health issues will be assessed:
    _____
    _____

21. Identify the department(s) under whose control this work will be done:
    _____
    _____

22. Unusual or special precautions to be used; define per hazard:
    a. Storage requirement
    b. Shock sensitive
    c. Security issues
    d. Spill containment

As principal Investigator and/or Laboratory Director, I have primary responsibility for compliance with University Biological, Chemical and Radiation Safety policy and procedure compliance as they apply to laboratory(s) and personnel within my authority. All information provided on the **Laboratory Certification form** is complete and accurate to the best of my knowledge. I understand that one of the following: Safety and Environmental Compliance, Institutional Biosafety Committee or the Radiation Safety Committee may and will inspect the laboratory(s) at least annually for compliance. Any deficiencies noted during inspections must be corrected within the time frame given or closure of the laboratory will occur.

Signed: _____ Date: _____

Approved: _____ Date: _____

Received by Safety and Environmental Compliance: _____

Laboratory Certification form is complete except for the following deficiencies: