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| PRINCIPAL INVESTIGATOR INFORMATION |
| NAME: Click or tap here to enter text. | EMAIL: Click or tap here to enter text. |
| PHONE: Click or tap here to enter text. | DEPARTMENT: Click or tap here to enter text. |
| DEPARTMENT CHAIR: Click or tap here to enter text. | DEPARTMENT CHAIR EMAIL: Click or tap here to enter text. |

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| LABORATORY DELEGATE INFORMATION\* |
| NAME: Click or tap here to enter text. | EMAIL: Click or tap here to enter text. |

\*By designating a Laboratory Delegate, the PI is authorizing this person to serve as EH&S primary contact and liaison for communicating any corrective actions to EH&S.

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| LABORATORY PERSONNEL INFORMATION |
| NAME: Click or tap here to enter text. | BLAZER ID: Click or tap here to enter text. |
| NAME: Click or tap here to enter text. | BLAZER ID: Click or tap here to enter text. |
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| NAME: Click or tap here to enter text. | BLAZER ID: Click or tap here to enter text. |

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| LABORATORY SPACE(S) INFORMATION |
| Building(s): Click or tap here to enter text. | Room(s): Click or tap here to enter text. |
| Laboratory Type: Clinical[ ]  Research[ ]  Teaching[ ]  |
| Discipline: Biology[ ]  Chemistry[ ]  Chemical Synthesis[ ]  Physics[ ]  Other[ ]  |

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| --- | --- |
| LABORATORY AGENTS | Comments/Notes |
| 1. Are Select Agents used and/or stored? Yes[ ]  No[ ]
 |  |
| * 1. List Select Agent(s): Click or tap here to enter text.
 |  |
| * 1. Maximum amount on hand: Click or tap here to enter text.
 |  |
| 1. Are biological toxins used and/or stored? Yes[ ]  No[ ]
 |  |
| * 1. List toxin(s): Click or tap here to enter text.
 |  |
| * 1. Location(s) Used: Click or tap here to enter text.
 |  |
| * 1. Location(s) Stored: Click or tap here to enter text.
 |  |
| 1. Are bacteria used and/or stored? Yes[ ]  No[ ]
 |  |
| * 1. Genus: Click or tap here to enter text.
 |  |
| * 1. Species: Click or tap here to enter text.
 |  |
| * 1. Location(s) Used: Click or tap here to enter text.
 |  |
| * 1. Location(s) Stored: Click or tap here to enter text.
 |  |
| 1. Are viruses used and/or stored: Yes[ ]  No[ ]
 |  |
| * 1. Genus: Click or tap here to enter text.
 |  |
| * 1. Species: Click or tap here to enter text.
 |  |
| * 1. Location(s) Used: Click or tap here to enter text.
 |  |
| * 1. Location(s) Stored: Click or tap here to enter text.
 |  |
| 1. Are fungi and yeasts used and/or stored? Yes[ ]  No[ ]
 |  |
| * 1. Genus: Click or tap here to enter text.
 |  |
| * 1. Species: Click or tap here to enter text.
 |  |
| * 1. Location(s) Used: Click or tap here to enter text.
 |  |
| * 1. Location(s) Stored: Click or tap here to enter text.
 |  |
| 1. Are parasites used and/or stored? Yes[ ]  No[ ]
 |  |
| * 1. Genus: Click or tap here to enter text.
 |  |
| * 1. Species: Click or tap here to enter text.
 |  |
| * 1. Location(s) Used: Click or tap here to enter text.
 |  |
| * 1. Location(s) Stored: Click or tap here to enter text.
 |  |
| 1. Are r-DNA and/or r-RNA used and/or stored? Yes[ ]  No[ ]
 |  |
| * 1. List Host(s): Click or tap here to enter text.
 |  |
| * 1. List Vector(s): Click or tap here to enter text.
 |  |
| * 1. Location(s) Used: Click or tap here to enter text.
 |  |
| * 1. Location(s) Stored: Click or tap here to enter text.
 |  |
| 1. Are unfixed tissues, blood, fluids, brain, or CSF of human origin used and/or stored? Yes[ ]  No[ ]
 |  |
| 1. Are unfixed tissues, blood, or fluids of animal origin used and/or stored? Yes[ ]  No[ ]
 |  |
| 1. Is tissue/cell culture used in this lab? Yes[ ]  No[ ]
 |  |
| * 1. Primary[ ]  Human[ ]  Non-Human Primate[ ]  Animal[ ]
 |  |
| * 1. Secondary[ ]  Human[ ]  Non-Human Primate[ ]  Animal[ ]
 |  |
| 1. Are animals used in this lab? Yes[ ]  No[ ]
 |  |
| * 1. List Species: Click or tap here to enter text.
 |  |
| * 1. Do you bring animals back to the lab? Yes[ ]  No[ ]
 |  |
| * 1. If yes, how long: Less than 12 hours[ ]  Overnight[ ]
 |  |
| 1. Do you administer anything to the animals? Yes[ ]  No[ ]
 |  |
| * 1. What agents are administered?

Infectious Agents[ ]  Toxins[ ]  RNA/DNA[ ]  Chemicals[ ] Anesthetics[ ]  |  |
| * 1. How are the agents administered?

Oral[ ]  Injection[ ]  Inhalation[ ]  Dermal[ ]  IT[ ]  |  |
| * 1. Location(s) administered: Click or tap here to enter text.
 |  |
| 1. Do you work with nanomaterials? Yes[ ]  No[ ]
 |  |
| * 1. Nanomaterial size? Click or tap here to enter text.
 |  |
| * 1. Nanomaterial composition? Click or tap here to enter text.
 |  |
| * 1. Nanomaterial form?

Gel Matrix[ ]  Liquid Slurry[ ]  Solid Powder[ ]  |  |
| * 1. Are nanomaterials being generated on-site? Yes[ ]  No[ ]
 |  |
| 1. Are compressed gases used and/or stored? Yes[ ]  No[ ]
 |  |
| * 1. What types of gases are used and/or stored?

Flammable[ ]  Nonflammable[ ]  Liquid Nitrogen[ ]  Oxidizing[ ]  Toxic[ ]  |  |