# APPENDIX 6: RESEARCH SAFETY COMMITTEE FORMS

**High Risk Chemical Review Form**

**Section 1 - Applicant Data**

**Date: RSC Protocol Number:**

**Project Name:**

**Principal Investigator:**  **Department:**

**Building/Room Number**: **Office Phone:**

**Other Committee Approvals:**

**Section 2 - Identification of Chemical Agent**

**Chemical Agents:**

**Use Quantity:**

**Number of Procedures**:

**Storage Quantities and Location:**

**Location Where Work is to be Conducted (Building/Room Number):**

**Laboratory Phone Number:**

**Section 3 - Personnel Involved in Study and Experience Working with Chemical Agents / Experience with the specific agent under review**

**1**. **Experience**: /

**2**.  **Experience:** /

**3**. **Experience:** /

**Section 4 - Experimental Description (Include procedural aspects regarding chemical usage):**

**Methods:**

**Section 5 – Chemical / Industrial Hygiene Related Information**

**Physical Properties:**

**Classification:**

**Toxicology:**

**Routes of Exposure:**

**Other Precautions:**

**Exposure Limits:**

**Monitoring Requirements:**

**Section 6 - Hazard Controls**

**Engineering/Administrative Controls:**

**Personal Protective Equipment:**

# Section 7- Hazardous Waste Disposal

**Identify method of waste disposal:**

**Hazardous waste code:**

**Has source substitution been investigated?**

**Can chemical be neutralized during experiment?**

**Section 8 - Fulfillment of UHCL Chemical Hygiene Plan Requirements**

**Hazard Communication Training:**

Personnel: Date/Status:

**Last Laboratory Safety Survey Date:**

Findings:



**MEMORANDUM OF UNDERSTANDING AND AGREEMENT FOR USE OF CHEMICAL AGENTS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Research:**

**Number:** RSC 00-000

**PI Name:**. **Dept:**

**Lab Room No(s): Phone:**

**Chemical Name:** **CAS Number:**

**Usage Amount: Storage Amount:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The referenced chemical has been determined to require a Research Safety Committee Protocol Review based on the following: (check one) :**

\_\_\_\_\_\_\_\_ **Chemicals are listed on the “Mandatory Protocol Review Chemical List”**

\_\_\_\_\_\_\_\_ **Chemical is hazardous because of its toxicological, usage, and storage quantities**

**Attach the completed “High Risk Chemical Review Form”**

**\_\_\_\_\_\_\_\_ The referenced chemical has been exempted from the full review process, and a Fact Sheet has been provided with information on hazards and safety practices that must be followed**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I agree to comply with current regulations and university policies pertaining to the use, storage, transfer and shipment of chemical agents. I will also abide by all of the provisions of UHCL Chemical Hygiene Plan, the recommendations of the Research Safety Committee, and follow the instructions on the Fact Sheet supplied for a specific chemical that is exempt from the full committee review process.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.I. signature Date

The UHCL Research Safety Committee has reviewed the above proposal and has verified the classification indicated by the Principal Investigator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical Hygiene Officer Date

The Research Safety Committee has been provided a summary of the described work and approves the described use of chemical(s) listed. The activities described in this protocol will be reviewed annually.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, Research Safety Committee Date

**Graduate Student Permission to Work Independently After Hours**

This form should be filled out by the PI requesting permission for a graduate student to work independently after normal business hours (normal business hours are defined as being between 8:00 a.m. and 6:00 p.m.).

This form must be *turned in* to the Chair of the Research Safety Committee (RSC Chair) or the Chemical Hygiene Officer (CHO) *at least 14 days for review and include an SOP for the project.* Laboratory activities that could place the student in a potentially hazardous situation will be denied. In denied cases, the PI should work with the RSC Chair or the CHO to modify the project to reduce the hazards, obtain a partner, or complete it during normal business hours.

Name(s) of student(s) seeking permission to work in the laboratory after regular working hours:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experiment/Reason student(s) may need to come after hours (give specific lab activities to be performed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (room number) \_\_\_\_\_\_\_\_\_\_\_

As a faculty member, I certify that the above laboratory activity is safe for a student to perform independently and poses no possible danger to the student.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Faculty Signature** |  | **Date** |

As a student, I agree to comply with all the established safety guidelines outlined in the NS Laboratory Safety Manual and any additional safety instructions from my faculty member.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Student(s) Signature** |  | **Date** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **RSC Chair or Dean’s Signature (approval)** |  | **Date** |

(circle to indicate RSC Chair or Dean’s signature)