



Environmental Health and Safety

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617.287.5445
www.ehs.umb.edu

LABORATORY REGISTRATION FORM

Date: _____

I. PRINCIPAL INVESTIGATOR

Principal Investigator: _____
Last First MI

Lab Location: _____ Department: _____
Building Floor Room

Email: _____ Phone Numbers: _____
Office Lab

II. EMERGENCY INFORMATION

AFTER-HOURS EMERGENCY CONTACT INFORMATION (Information to be posted on door)

	Full Name (Last, First)	Position Title	Phone Number
1. Primary Contact			
2. Secondary Contact			
3. Other			

III. LABORATORY TRAINING

Basic Laboratory Safety:

ALL laboratory faculty, staff, and graduate students in laboratories with chemicals must complete basic laboratory safety training. Undergraduate students are included only if they are conducting independent study or work study. Topics include safe equipment and work practices, container labels and safety data sheets, safe handling of chemicals, proper use of personal protective equipment, emergency procedures, chemical storage, and waste management.

Biological Safety:

All people working in laboratories with biological materials must complete biosafety training. Topics include the hazards of working with infectious agents, practices and equipment required for work at different biosafety levels, spill cleanup and waste management.

Bloodborne Pathogen Awareness:

For anyone working in a laboratory with human blood or blood products. The training course provides an awareness or basic understanding of bloodborne pathogens, common modes of their transmission, methods of prevention, and other pertinent information.

Radiation Safety:

All laboratory workers that use radioactive materials must attend Radiation Safety Training. Training topics include personal protective equipment, regulatory compliance, safe handling practices, spill cleanup and other pertinent information. This training is provided by the Radiation Safety Office.

Training roster:

IV. BIOLOGICAL AND INFECTIOUS MATERIALS

If you plan on using biological or infectious materials please check here.

Types of Biological Materials
Infectious Agents Living organisms or particle known to cause an infectious disease. <i>Examples: Prions, bacterial, viral, fungal, parasitic and rickettsial agents</i>
Cell Lines or Human Tissue <i>Examples: Human derived cell lines, cell lines designated Biosafety Level 2, any unfixed human tissue</i>
Human Blood, Human Blood Components or Human Bodily Fluids <i>Examples: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid</i>
Biologically-Derived Toxins <i>Examples: Tetrodotoxin, cholera toxin, aflatoxin, lipopolysaccharides from all species, conotoxin</i>
Recombinant DNA

V. ANIMALS

Check here if you plan on using Vertebrate Animals (including the use of animals housed and maintained in approved university animal facilities, as well as studies conducted on vertebrate animals in their natural settings).

VI. CHEMICALS

The following categories of **CHEMICALS** will be utilized or stored in my laboratories:

SOLID/POWDER		LIQUID	
Hazard Category	Max Quantity Stored (lb)	Hazard Category	Max Quantity Stored (gal)
<input type="checkbox"/> Flammable		<input type="checkbox"/> Flammable	
<input type="checkbox"/> Corrosive		<input type="checkbox"/> Corrosive	
<input type="checkbox"/> Carcinogen		<input type="checkbox"/> Carcinogen	
<input type="checkbox"/> Oxidizer		<input type="checkbox"/> Oxidizer	
<input type="checkbox"/> Peroxide Former		<input type="checkbox"/> Peroxide Former	
<input type="checkbox"/> Poison		<input type="checkbox"/> Poison	
<input type="checkbox"/> Water Reactive		<input type="checkbox"/> Water Reactive	
<input type="checkbox"/> Pyrophoric		<input type="checkbox"/> Pyrophoric	
		<input type="checkbox"/> Other (Mercury)	

Attach additional sheet if needed

The following categories of **GAS/COMPRESSED GASES** will be utilized or stored in my laboratories:

Hazard Category	Specify Type of Gas	Max Number of Cylinder
<input type="checkbox"/> Flammable Gas (i.e., Propane, Acetylene)		
<input type="checkbox"/> Non-Flammable Gas (i.e., carbon dioxide, nitrogen)		

<input type="checkbox"/> Corrosive Gas (i.e., Hydrogen Chloride)		
<input type="checkbox"/> Oxidizing Gas (i.e., Oxygen, Ozone)		
<input type="checkbox"/> Poison/Toxic Gas (i.e., Ammonia, Chlorine, Nitric Oxide)		
<input type="checkbox"/> Pyrophoric Gas (i.e., Phosphine, Silane)		
<input type="checkbox"/> Cryogenic Gas/Liquid (i.e., Liquid Nitrogen)		
<input type="checkbox"/> Inert Gas (i.e., Argon, Helium)		

VII. CONTROLLED SUBSTANCES

Check here if you intend to use controlled substances. Please enter all controlled substances in the table that are listed in the Drug Enforcement Agency (DEA) schedules. The list of these substances can be found at: <http://www.deadiversion.usdoj.gov/21cfr/21usc/812.htm>

Substance	Schedule	DEA Number

VIII. SELECT AGENTS

Select agents are biological agents and toxins have been determined to have the potential to pose a severe threat to both human and animal health, to plant health, or to animal and plant products. An attenuated strain of a select agent or an inactive form of a select toxin may be excluded from the requirements of the Select Agent Regulations. The list of included agents and toxins can be found at: <https://www.selectagents.gov/sat/list.htm>.

Check here if you intend to use select agents. List any select agent that is used or stored:

Substance	Amount

IX. NON-IONIZING RADIATION

The following NON-IONIZING RADIATION PRODUCING equipment will be utilized or stored in my laboratories:

Types of Equipment	Equipment Name/Description	Building/Floor/Room
<input type="checkbox"/> Laser	Specify Laser Class:	
<input type="checkbox"/> Magnet Field Producing (i.e. Nuclear Magnetic Resonance Spectroscopy)	Specify Magnetic Field Strength:	
<input type="checkbox"/> Radiofrequency (RF)/Microwave (MW) Producing	Specify Frequency:	
<input type="checkbox"/> Subradiofrequency (ELF) Producing	Specify Frequency:	
<input type="checkbox"/> Ultraviolet Producing (i.e. lamps, transilluminators, crosslinkers)		
<input type="checkbox"/> X-Ray machine		

X. RADIOACTIVE MATERIALS

If your laboratory will use Radioactive Materials please check here.

XI. EQUIPMENT/UTILITIES USED

<input type="checkbox"/>		Chemical fume hood
<input type="checkbox"/>		Biological safety cabinet
<input type="checkbox"/>		Laminar flow hood
<input type="checkbox"/>		Flammable storage cabinet
<input type="checkbox"/>		Acid storage cabinet
<input type="checkbox"/> Explosion-proof	<input type="checkbox"/> Regular	Refrigerator
<input type="checkbox"/> Explosion-proof	<input type="checkbox"/> Regular	Freezer
	<input type="checkbox"/>	Freezer (Ultra low temp)
	<input type="checkbox"/>	Natural gas
	<input type="checkbox"/>	Bench-top oven
<input type="checkbox"/> Bench-top	<input type="checkbox"/> Built-in Dept unit	Autoclave
	<input type="checkbox"/>	Other: _____
	<input type="checkbox"/>	Other: _____

XII. ADDITIONAL COMMENTS

Provide additional comments as needed (anything not covered above that OEHS should know about).

XIII. CERTIFICATION/ACKNOWLEDGEMENT

I certify that the information provided in this form, and in any attachments hereto, is true and complete. I understand that EHS will use this information to assess hazards associated with research in my laboratories. I will notify EHS of any changes to the provided information. I understand that I am responsible for providing training and enforcing governmental regulations regarding laboratory safety for all personnel who work under my direction. All personnel have been informed of potential risks, proper laboratory practices, and completed and/or scheduled all Lab Safety mandatory training before working with hazardous materials in my laboratory.

Principal Investigator

Signature: _____

Date: _____

Name (Print): _____

EHS USE ONLY

Received: _____

Reviewed by: _____

Date: _____