Environmental Health and Safety
100 Morrissey Blvd.
Boston, MA 02125-3393
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

Research Description (brief)

_____

_____

_____

_____

_____

II. EMEGENCY INFORMATION

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

	Full Name (Last, First)	Position Title	Phone Number
1. Primary Contact *(Required)*			
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.

Bloodbourne 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

Use of Biological or infectious materials

☐ YES ☐ NO

If YES, check applicable categories below:

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

V. ANIMALS

Use 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.

☐ YES ☐ NO

VI. CHEMICALS

The following categories of **CHEMICALS** will be utilized or stored in my laboratories:
Methylene Chloride(DCM) use is restricted. OEHS authorization is required for purchase and use.

SOLID/POWDER		LIQUID	
Hazard Category	Max Quantity Stored (lb)	Hazard Category	Max Quantity Stored (gal)
☐ Flammable		☐ Flammable	
☐ Corrosive		☐ Corrosive	
☐ Carcinogen		☐ Carcinogen	
☐ Oxidizer		☐ Oxidizer	
☐ Peroxide Former		☐ Peroxide Former	
☐ Poison		☐ Poison	
☐ Water Reactive		☐ Water Reactive	
☐ Pyrophoric		☐ Pyrophoric	
		☐ 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
☐ Flammable Gas (i.e., Propane, Acetylene)		
☐ Non-Flammable Gas (i.e., carbon dioxide, nitrogen)		
☐ Corrosive Gas (i.e., Hydrogen Chloride)		
☐ Oxidizing Gas (i.e., Oxygen, Ozone)		
☐ Poison/Toxic Gas (i.e., Ammonia, Chlorine, Nitric Oxide		
☐ Pyrophoric Gas (i.e., Phosphine, Silane)		
☐ Cryogenic Gas/Liquid (i.e., Liquid Nitrogen)		
☐ Inert Gas (i.e., Argon, Helium)		

VII. CONTROLLED SUBSTANCES

Please enter all controlled substances 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
Please enter 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:

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

X. RADIOACTIVE MATERIALS

☐ If your laboratory will use Radioactive Materials please check here.

XI. EQUIPMENT/UTILITIES USED

☐	Chemical fume hood
☐	Biological safety cabinet
☐	Laminar flow hood
☐	Flammable storage cabinet
☐	Acid storage cabinet
☐ Explosion-proof ☐ Regular	Refrigerator
☐ Explosion-proof ☐ Regular	Freezer
☐	Freezer (Ultra low temp)
☐	Natural gas
☐	Bench-top oven
☐ bench-top ☐ Built-in Dept unit	Autoclave
☐	Other _____
	Other _____

XII. Additional comments (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: _____