**REQUEST FOR USE OF BIOHAZARDOUS AGENTS**

**306**

(Rename document when saving if changes have been made)

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| --- | --- | --- | --- |
| Principal Investigator: | Click here to enter text. | Date: | Click here to enter text. |
| Department/School: | Click here to enter text. |
| Telephone: | Click here to enter text. | Fax: | Click here to enter text. | Email: | Click here to enter text. |
| Project Title: | Click here to enter text. |
| Name, Synonym, Category and amount of Biohazardous Agent(s) used: |
| Click here to enter text. |
| Location of use (Building and Room): | Click here to enter text. |
| Type of Procedure: | Click here to enter text. |
| Date Ordered: | Click here to enter text. | Period of Use: | Click here to enter text. |
| Personnel Authorized and Trained to Use Biohazardous Agent(s): |
| Click here to enter text. |
| Other Personnel in Vicinity of Use: |
| Click here to enter text. |
| **PLEASE ANSWER EACH QUESTION; USE ADDITIONAL SHEETS IF NECESSARY** |
| 1. Briefly describe experimental procedure. If appropriate, attach copy of actual procedure. |
| Click here to enter text. |
| 2. Describe toxicity or attach toxicity information of Biohazard agent. |
| Click here to enter text. |
| 3. Describe decontamination procedures for surfaces, materials, instruments, equipment, etc. |
| Click here to enter text. |
| 4. Describe the method of disposal of wastes and unused stock. |
| Click here to enter text. |
| 5. Describe emergency procedures in the event of inhalation, skin contact, ingestion, or inoculation. |
| Click here to enter text. |
| 6. Describe emergency procedures in the event of spill. |
| Click here to enter text. |
| 7. What protective equipment and/or clothing will be used? |
| Click here to enter text. |
| 8. If animals are to be used in conjunction with the hazardous agent, describe special animal care and housing requirements. |
| Click here to enter text. |
| **SIGNATURES:** |
| I ascertain that all the information on this form is correct: |
| Principal Investigator: |  | Date: | Click here to enter text. |
| Department Chemical Hygiene Officer: |  | Date: | Click here to enter text. |
| Department Chair: |  | Date: | Click here to enter text. |
|  |
| **APPROVAL:** |
|[ ]  Expedited Review (no further review necessary) |
|[ ]  Full Review by Biosafety Committee |
|[ ]  To CHARM |
| Manager, Laboratory Safety |  | Date: | Click here to enter text. |
|  |
|[ ]  Full Committee Review and Approval |
|[ ]  Contingent Approval |
|[ ]  Disapproved |
|  |
| Chair, Committee on Hazardous and Radioactive materials |  | Date: | Click here to enter text. |
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