

# **ASSURANCE ON HAZARDOUS PROCEDURES**

Please send completed form to [ehrsbio@temple.edu](mailto:ehrsbio@temple.edu).

## **I. Personnel**

Principal Investigator: \_\_\_\_\_ Title: \_\_\_\_\_

School or College, Center or Department, and Section (if applicable):  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List **ALL** other personnel directly involved in this project:

Name	TUID	Project Position(s)	E-mail address

## **II. General**

Title of Project: \_\_\_\_\_

Please describe briefly the planned experimental procedure:

This project involves the use of:

1.) Radioactive Materials.

Yes  No

If yes, please list the isotope(s):

2.) Ionizing Radiation.

Yes  No

If yes, please indicate the type (e.g. radiograph, fluoroscopy, electron microscope, irradiators, etc.) and the location of use.

3.) Non-Ionizing Radiation.

Yes  No

If yes, please indicate type (e.g. MRI, ultrasound, lasers, microwaves, etc.) and please include the serial number of the device.

4.) Recombinant DNA (rDNA).

Yes  No

If yes, please provide the IBC approval number and identify the rDNA being used.

5.) Biological agents.

Yes  No

If yes, please provide the IBC approval number and identify which organism or cell line is being used. (Examples include viruses, bacteria, yeast, fungi, rickettsia, prions, toxins that are derived from biological organisms or cell lines, such as human cancer or epithelial cells.)

6.) Hazardous chemicals.

Yes  No

If yes, please list the hazardous chemicals to be used in this project.

7.) Hazardous drugs.

Yes  No

If yes, please list the hazardous drugs to be used in this project ([2016 NIOSH hazardous drug list](#)).

8.) Controlled Substances.

Yes  No

If yes, please complete the following:

Name of Controlled Substance(s): \_\_\_\_\_

DEA Registration Number: \_\_\_\_\_

Name of DEA Registrant: \_\_\_\_\_

9.) Animals.

Yes  No

If yes, please indicate the IACUC approval number and the type of animal being used.

10.) Human subjects.

Yes  No

If yes, please provide the IRB approval number: \_\_\_\_\_

### III. Safety and Protection

Please list all laboratories where hazardous materials for this project are stored, prepared, or used.

Building and Room: \_\_\_\_\_

Are hazardous materials

Prepared here?

Used here?

Stored here?

Fume Hood?

Certification Date: \_\_\_\_\_

Biological Safety Cabinet?

Type: \_\_\_\_\_

Certification Date: \_\_\_\_\_

Building and Room: \_\_\_\_\_

Are hazardous materials

Prepared here?

Used here?

Stored here?

Fume Hood?

Certification Date: \_\_\_\_\_

Biological Safety Cabinet?

Type: \_\_\_\_\_

Certification Date: \_\_\_\_\_

Building and Room: \_\_\_\_\_

Are hazardous materials

- Prepared here?
- Used here?
- Stored here?

Fume Hood?

Certification Date: \_\_\_\_\_

Biological Safety Cabinet?

Type: \_\_\_\_\_

Certification Date: \_\_\_\_\_

Please use a separate sheet of paper if more locations are needed.

Indicate which of the following are or will be used as personal protective equipment

(check all that apply):

- Goggles
- Disposable gown
- Mask
- Shoe covers
- Hair cover
- Lab coat
- Face shield
- Respirator
- Gloves (type: \_\_\_\_\_)
- Other: \_\_\_\_\_

#### IV. Safety Precautions

Individuals working on this project may need special immunizations, such as Hepatitis B.

Do all workers have the proper immunizations?

- Yes
- No

If yes, it is the responsibility of the PI to arrange for the availability of the necessary immunizations.

#### V. Hazardous Waste

Please indicate the type of waste generated:

- Radioactive Waste
- Chemical Waste
- Infectious or Biological Waste
- Chemotherapeutic Waste

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The PI agrees to provide the Environmental Health and Radiation Safety (EHRS) Department with appropriate information related to the study. Furthermore, the PI agrees to comply with all applicable federal, state and local regulatory agencies as well as policies and procedures established by the Temple University.

Signature of PI: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Signature Chairperson/Director/Section Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Environmental Health and Radiation Safety:**

- EHRS has no objection to this research
- EHRS has identified issues that must be addressed before this project can be pursued (see attached memo)

EHRS Signature: \_\_\_\_\_ Date: \_\_\_\_\_