

Environmental Health, Safety and Risk Management
Email: ehs@txstate.edu Website: <http://www.fss.txstate.edu/ehsrm/>
Office: (512) 245-3616 Fax: (512) 245-8277

Area Registration Form

Purpose of Registration:

All faculty or managers, referred to as Principal Investigators (PIs) in this document, who currently work in a laboratory/shop/studio are to complete the following form on a yearly basis to:

- 1) Keep contact and hazard risk information current
- 2) Provide contact and hazard risk information to visitors as well as responders to emergency situations.
- 3) Produce a standardized entrance sign that conveys contact and hazard risk information.

PI's must ensure that all hazardous chemicals, biological hazards, DEA Controlled Substances, Class IIIB and IV lasers, radioactive materials, radiation producing machines and other equipment under their supervision are properly installed, stored, and inventoried.

PIs must ensure that they and those working in their areas have an understanding of all university policies, procedures, and have completed the training required to ensure a safe workplace.

Registration Procedure:

1. Complete the form by filling out contact information and choosing "yes" or "no" in the checklist and providing additional information in the spaces provided on the form. If a section does not apply to your area, check the N/A box and move on to the next section.
2. Upon completion of form return to EHS&RM. With the information provided EHS&RM staff will produce signs which will be posted at the entrances of the laboratory/shop/studio.

Contact Information:

Principle Investigator's Name: _____

Department: _____ Research Title: _____

Building Name: _____ Room number: _____

Email: _____ Day Phone #: _____ Night Phone #: _____

Secondary Contact: _____ Day Phone #: _____ Night Phone #: _____

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BIOLOGICAL

N/A

Yes or No	
	Do you work with animals/animal parts or tissues? Please list on line below.
	Do you autoclave microbiological waste (e.g., culture plates and vials)?
	Will you have waste that can't be autoclaved that EHS&RM will need to pick up for disposal?
	Do you work with sharps?
	Do you work with BSL-1 agents? If so, please list below.
	Do you work with BSL-2 agents? If so, please list below.
	Do you work with Recombinant DNA ?

RADIATION/LASER

N/A

Yes or No	
	Do you use radioactive substances, please list in the line below.
	If so, have you worked with radioactive materials before?
	Do you work with radiation generating machines (X-rays, UV light)?
	Do you work with Class IIIB or IV lasers?

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CHEMICALS N/A

Yes or No	
	Does your lab have a current chemical inventory?
	Do you have more than 5 to 10 gallons of flammable chemicals in the lab at one time?
	Do you generate hazardous waste or aqueous wastes w/metals (Cu, Ni, Mo, Zn, Ag, etc)?
	Do you have MSDSs/SDSs for each of your chemicals?
	Does your lab contain carcinogens?
	Does your lab contain cryogenic liquids and or solids?
	Does your lab contain acids (pH 0-5.5)?
	Does your lab contain Hydrofluoric Acid?
	Does your lab contain Perchloric Acid?
	Does your lab contain Picric Acid?
	Does your lab contain Phenol?
	Does your lab contain peroxide formers?
	Does your lab contain pyrophoric materials?
	Does your lab contain oxidizers?
	Does your lab contain organic peroxides?
	Does your lab contain chemicals that can irritate skin, eyes and lungs?
	Does your lab contain nanomaterials?

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GAS CYLINDERS **N/A**

Yes or No	
	Do you use gas cylinders? If so, please list what materials cylinders hold.

SAFETY/ENVIRONMENTAL CONTROLS **N/A**

Yes or No	
	Does your lab contain a biosafety cabinet?
	Does your lab contain a fume hood?
	Does your lab contain an eyewash.
	Does your lab contain a safety shower?
	Do you use or will you use respirators?

DEA CONTROLLED SUBSTANCES **N/A**

The Drug Enforcement Agency (DEA) and the Department of Public Safety (DPS) issue controlled substance permits to individual researchers

Yes or No	
	Do you possess DEA controlled substances? If so, do you currently have a license and a detailed inventory of usage?
	Do you plan on using DEA controlled substances?

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SELECT AGENTS N/A

Yes or No	
	Will you be working with CDC/HHS/USDA select agents or toxins?

EQUIPMENT N/A

Yes or No	
	Does the area have a battery charging area?
	Does the area have a centrifuge?
	Does the area have equipment under vacuum?
	Does the area have an autoclave?
	Does the area have a furnace?
	Does the area have any etching equipment?
	Does the area have a sonicator?
	Does the area have a centrifuge?
	Does the area have any pressure vessels?
	Does the area have metal working or fabrication equipment?
	Does the area have welding/soldering/brazing equipment?
	Does the area have any wood working equipment?
	Does the area have any sources generating noise > 85 decibels?

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REQUIRED PERSONNEL PROTECTIVE EQUIPMENT (PPE) N/A

Yes or No	
	Safety Glasses/Goggles
	Face Shield
	Laboratory Gloves (Nitrile, Latex, etc...) list proper type below
	Work Gloves
	Particulate Respirator
	Respirator
	Lab Coat, if specific type must be worn i.e flame resistant, please list below.
	List other required PPE below

GIVE ANY OTHER INFORMATION IN THE BOX BELOW