

Specific Laboratory Hazard Statement

This hazard statement is to be completed for any chemical present in the lab that is highlighted in yellow on the chemical inventory worksheet.

The following information is provided to communicate potentially hazardous operations and the actions taken to mitigate their associated hazards.

Department Name: _____

Lab Location: Building _____ Room _____

Laboratory Contacts:

Name: _____ Work Phone _____ Home Phone _____

Name: _____ Work Phone _____ Home Phone _____

Name: _____ Work Phone _____ Home Phone _____

Project Description (please include quantity and concentration of chemical): _____

Anticipated Duration of Project: _____

Laboratory Process or Equipment: _____

Approval Required: Yes No

Principal Investigator: _____ Date _____

Lab Supervisor: _____ Date _____

Chemical Information

Chemical Name: _____ CAS: _____

Quantity _____ LEL: _____ UEL: _____

Physical State Solid Liquid Gas Semi-solid

Freezing Point: _____ LD50: _____ Fire Code Classification: _____

Boiling Point: _____ LC50: _____ PEL: _____

Fumehood Use Only: Yes No _____

Hazard Type (check all that apply)

- | | | | |
|-------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Toxic | <input type="checkbox"/> Highly Toxic | <input type="checkbox"/> Carcinogen | <input type="checkbox"/> Teratogen |
| <input type="checkbox"/> Mutagen | <input type="checkbox"/> Biohazardous | <input type="checkbox"/> Radioactive | <input type="checkbox"/> Explosive |
| <input type="checkbox"/> Flammable | <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Corrosive | <input type="checkbox"/> Reactive |
| <input type="checkbox"/> Pyrophoric | <input type="checkbox"/> Water Reactive | <input type="checkbox"/> Peroxide Former | |

Special Precautions: _____

Potential Routes of Exposure (check all that apply)

- Inhalation Skin Absorption Ingestion Injection

Other:

Personal Protective Equipment (check all that apply)

- Gloves (specify type): _____
- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Splash goggles | <input type="checkbox"/> Safety glasses | <input type="checkbox"/> Face shield |
| <input type="checkbox"/> Lab coat | <input type="checkbox"/> Apron | <input type="checkbox"/> Rubber boots |
| <input type="checkbox"/> Half-face respirator* | <input type="checkbox"/> Full face respirator* | |
| <input type="checkbox"/> Powered air-purifying respirator* | <input type="checkbox"/> Supplied air respirator | |
| <input type="checkbox"/> Self-contained breathing apparatus (SCBA) | | |

Other PPE (please describe): _____

*Specify cartridge type: _____

Please notify UAF Environmental Health, Safety, and Risk Management if respiratory protection is needed. Medical examinations and fit tests are required for most respirator users.

Engineering/Ventilation Controls

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Fumehood use only | <input type="checkbox"/> Local exhaust ventilation required | |
| <input type="checkbox"/> Glove box use required | <input type="checkbox"/> Glove bag use required | |
| <input type="checkbox"/> Biosafety Cabinet use only (identify biosafety cabinet class) | | |
| <input type="checkbox"/> Class I | <input type="checkbox"/> Class II | <input type="checkbox"/> Class III |
| <input type="checkbox"/> Ground fault interrupter required | <input type="checkbox"/> Grounding required | |
| <input type="checkbox"/> Shielding required | <input type="checkbox"/> Relief valve required | |
| <input type="checkbox"/> Vacuum breakers required | <input type="checkbox"/> Back-flow preventers required | |
| <input type="checkbox"/> Spill; containment required | <input type="checkbox"/> Leak detection required | |
| <input type="checkbox"/> Monitoring required | <input type="checkbox"/> Alarm(s) required | |

Other (please describe): _____

Special Handling Procedures and Storage Requirements

- | | |
|--|---|
| <input type="checkbox"/> Refrigerated storage | <input type="checkbox"/> Freezer storage |
| <input type="checkbox"/> Store with desiccant | <input type="checkbox"/> Store under nitrogen |
| <input type="checkbox"/> Light-sensitive | <input type="checkbox"/> Water-reactive |
| <input type="checkbox"/> Ventilated storage required | <input type="checkbox"/> Spill containment required |

Describe safe handling and storage procedures: _____

Spill Response Procedures

Leaks or spills must be promptly reported to the UAF Fire Department (911 or 474-7721). The caller should try to provide a detailed description of the spill, including the name and approximate quantity of the chemical(s) involved. Do not put yourself or others at risk to gather this information if it is unknown. The Fire Department is responsible for notifying UAF Environmental Health, Safety, and Risk Management or Hazardous Materials Response Team, as deemed necessary.