**HIGH HAZARD LAB OPERATIONS FORM**

For work requiring prior approval as defined in the OSHA lab standard and the Chemical Hygiene Plan.

*Refer to form key for help completing this form*

**1. Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **A.** PI: |       | **B.** Department: |       |
| **C.** Work Location: |  | **D.** Room Number: |       |
| **E.** Phone Number: |       | **F.** 24 Hour Emergency Number: |       |

**2. Substance Information**

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| --- |
| **A.** Chemical Name/Synonyms:        |
| **B.** CAS#:       |
| **C.** Label Hazard Statements/Pictograms:       |
| **D.** Chemical Source:        |
| **E.** Description ofUse:        |
| **F.** Quantity Purchased:       |
| **G.** Storage Location:  Other:       |
| **H.** Amount Used Per Experiment:       |
| **I.** Concentration Used Per Experiment:       |
| **J.** Nature of the Hazards:        |

**3. Procedure**

**4. Exposure Controls**

**A.** Administrative and Engineering Controls:

**B.** Personal Protective Equipment (Check all that apply):

[ ]  Safety Glasses [ ]  Chemical Splash Goggles [ ]  Face Shield [ ]  Lab Coat

[ ]  Gloves - (Type):

[ ]  Apron [ ]  N95 [ ]  Respirator (Requires EHS Approval)

[ ]  Other (Describe):

**5. Spills, Decontamination & First Aid**

**A.** Spill Clean Up and Decontamination:

**B.** First Aid:

**6. Waste Disposal**

**A.** Type of Waste Generated (Check all that apply):

[ ]  Liquid [ ]  Dry [ ]  PPE [ ]  Contaminated glassware/equipment

[ ]  Mixed Hazard (Rad, Bio, Chem) Specify mixture:

**B.** Expected Waste Volume Per Experiment:

**C.** Waste Handling:

**7. Investigators Statement**

The information supplied above is complete and accurate in regard to the procedures and materials to be used in this project. All personnel working on the project with the described material will receive training in all procedures and hazards prior to beginning work with the material. The below signed individuals agree to follow designated laboratory procedures and Dartmouth EHS safety policies.

**A.** Persons to be Authorized and Trained for this procedure

**Name** **Title Signature**

|  |  |  |
| --- | --- | --- |
|       | PI |  |
|       |  |  |
|       |  |  |
|       |  |  |
|       |  |  |

**Form Key**

 This key is intended as an aid in filling out the High Hazard Laboratory Operations Form. Those operations requiring prior approval are defined in the OSHA Lab Standard and the Dartmouth Chemical Hygiene Plan. Refer to the following as a guide for required material/project information concerning your high hazard work.

**1. Contact Information**

**A-F.** Indicate PI name, department, building work location, work location room number, daytime

phone number and 24 hour emergency phone number.

**2. Substance Information**

1. Record the chemical name and any synonyms.
2. If available, fill in the Chemical Abstracts Service Number (CAS). A unique chemical identifier.
3. List all chemical hazard warnings from the label and SDS (MSDS)(i.e. Highly Toxic, Flammable, Irritant). Additionally, list any pictograms present and their corresponding meanings.
4. Where did this material come from? If from a vendor, list the name, address, phone number, stock and catalog number. Otherwise give as many details about its origin as possible.
5. A brief general description of the material, how it will be used and its purpose in this experiment. Layman’s terms.
6. Indicate how much will be purchased.
7. Detail where the material will be stored in the lab.
8. Indicate the amount used in one experiment.
9. Record the concentration of the material used during the experiment.
10. Fully explain the nature of the physical and/or health hazards of the material. Identify symptoms of exposure, routes of entry, stability and known incompatibilities. Refer to and supply the SDS (MSDS).

**3. Procedure**

 Fully detail the entire procedure to be followed for the experiment.

**4. Exposure Controls**

1. Indicate how any potential exposure to the material will be minimized. Detail what equipment will be used (fume hood, glove box, biosafety cabinet, etc.) to prevent exposure. Identify all locations where the material will be used. Detail any administrative controls (limiting time of use, breaks, etc.)
2. Detail all personal protective equipment needed for the experiment.

**5. Spills, Decontamination & First Aid**

1. Detail all spill control material (pads, brushes, bags, etc.) to be used and their location. Indicate how a spill will be handled in each stage of the experiment. List all decontamination solutions that will be used, their concentrations and how they will be applied. Indicate how it will be determined if a spill can be handled by the lab and when help (from EHS) will be needed. Specify how the spill area will be identified and access controlled if the spill is too large for the lab to handle.
2. Detail the procedure to be followed after an injury or personnel exposure. What first aid will be rendered? (Washing, eyewash, shower, povidone iodine, etc.) Who will be called? (Emergency 911, Potential exposure - Occupational Medicine 653-3850)

**6. Waste Disposal**

1. Identify what form the waste stream will take.
2. Indicate the estimated waste volume per experiment.
3. Detail types of generated waste and how it will be collected and disposed. Also detail any equipment decontaminations and resulting waste. List any PPE used and how it will be disposed.

**7. Investigators Statement**

1. List all persons authorized and trained for this procedure. Indicate name, title and have each person sign the form.