

ALFRED UNIVERSITY CHEMICAL HYGIENE PLAN

Appendix D - Particularly Hazardous Substance Use Form

CREATE A CHEMICAL CHECKLIST FOR LABS ORDERING A CHEMICAL FOR THE FIRST TIME

Before purchasing or for PHS already in inventory/use, please complete this form, attach to Prior Approval Form and send to EH&S. Do not purchase or use the substance until EH&S approval is granted.

LSF/PI _____ Phone _____ Building _____

Substance Information Chemical name _____ CAS # _____

- Carcinogen** on IARC, OSHA, NTP list
 Reproductive Toxins mutagens, teratogens, embryotoxins
 High Acute Toxicity oral LD₅₀ ≤ 50 mg/kg, skin LD₅₀ ≤ 200 mg, air LC₅₀ ≤ 200ppm or ≤ 2 mg/l.
 Explosive
 Toxic _____ **Gas**
 P-List (Add Section on P-lists and the university's generator status if not followed)

Estimated Rate of Use (e.g., grams/month) _____

Procedure Briefly describe how the material will be used.

Exposure Controls What exposure controls (ventilation, isolation, PPE) are required or recommended by the SDS for use of this PHS? Are they available at the location of use?

- Chemical fume hood **Yes** **No** Glove Box **Yes** **No**
 Vented gas cabinet **Yes** **No** Face shield **Yes** **No**
 Safety glasses **Yes** **No** Chemical splash goggles **Yes** **No**
 Gloves (type _____) **Yes** **No** Lab coat **Yes** **No**
 Respirator **Yes** **No** SCBA (*Respirators and SCBA require EHS approval*)
 Eyewash/shower **Yes** **No** Spill kit **Yes** **No** First aid kit **Yes** **No**
 Proper lab attire **Yes** **No** Other, please describe _____

Location of Designated Area building _____ room _____

Designated area sign posted **Yes** **No**

Location Where Substance Will Be Stored _____

Certification/Authorization

*I certify that I will only authorize the use of this PHS to employees working in my lab who have received the **required training** and demonstrate the understanding and knowledge necessary for its safe and proper use.*

LSF/PI _____ **Please submit this form to EH&S.**

EH&S approval _____ date _____ A copy will be returned to LSF/PI within two business days.

Submit site-specific SOP and SOP training documentation to EH&S.