

RESEARCH PROTOCOL CHEMICAL SAFETY REVIEW

Date of Request: _____
Name: _____
Email address: _____
Location (Building/Room): _____
Department: _____
Telephone: _____
Principal Investigator: _____

SUBSTANCE TO BE USED

Name: _____ CAS No.: _____
Location of Use: _____
Quantity Procured: _____
Quantity/Concentration of Use: _____
Storage Location/Conditions: _____
Anticipated Start/End Dates: _____
Frequency of Use: _____

PERSONNEL PROPOSED FOR THIS PROJECT

EXPERIMENTAL PROCEDURES

Briefly describe the procedures that will involve the use of this substance

RATIONALE FOR USE

Justify why safer chemical/ procedure not used as substitute:

CONTROL PROCEDURES

Describe controls that will be employed to protect the individuals participating in this research (ventilation, equipment, personal protective equipment, etc):

DECONTAMINATION AND DISPOSAL

Decontamination procedures to be used (surfaces, materials, instruments, equipment, etc.):

Disposal procedures (wastes and unused stock):

EMERGENCY PROCEDURES

Procedures to be used in the event of personnel exposure. Be specific to your location and situation (phone, eyewash/shower, exits, alarms, etc):

Equipment to be used in the event of environmental decontamination (spill control equipment/procedures):

Completed form should be submitted to:

Yale University
Environmental Health and Safety
135 College Street, Suite 100
New Haven, CT 06510
Fax: 785-7588