**APPENDIX H**

# PARTICULARLY HAZARARDOUS SUBSTANCE USE APPROVAL FORM

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| **Lab Supervisor Name** | **Department** |

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| 1. Substance InformationA. Chemical name: CAS number:B. [ ]  Carcinogen [ ]  Reproductive Toxin [ ]  High Acute ToxicityC. Estimated Rate of Use (e.g., grams/month):D. MSDS reviewed and readily available [ ]  |
| **2. Hazards**Physical HazardsA. Flammable [ ]  B. Corrosive [ ]  C. Reactive [ ] D. Stability (e.g., decomposes, forms peroxides, polymerizes, shelf-life concerns) [ ]  E. Temperature sensitive [ ]  Stable [ ]  Unstable F. Known incompatibilities:Health HazardsG. Significant Route(s) of Exposure Inhalation Hazard [ ]  Skin Absorption [ ] H. Sensitizer [ ]  |
| **3. Procedure**A. Briefly describe how the material will be usedB. Vacuum system used [ ] C. If yes, describe method for trapping effluents: |
| 4. Engineering ControlsVentilation/IsolationA. Hood required [ ]  Yes [ ]  No *See hood sticker for the following information* If yes, hood currently operates at 90 - 120 feet per minute face velocity [ ]  Yes [ ]  No Hood number:B. Glove box required [ ]  Yes [ ]  No C. Vented gas cabinet required [ ]  Yes [ ]  No |

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| 5. Personal Protective Equipment (PPE) *(Check all that apply)*[ ] Safety glasses [ ]  Chemical splash goggles [ ] Face shield[ ] Gloves (type: ) [ ] Lab coat [ ] Chemical Splash Apron[ ] Respirator (*requires approval)*[ ] Other, please describe: |
| **6. Location/Designated Area**A. Building: B. Room/Lab #:C. Describe below the area where substance(s) will be used and the method of posting as a designated area.D. Location where substances will be stored:E. Storage Method/Precautions [ ] refrigerator/freezer [ ] hood [ ] double containment [ ] vented cabinet [ ] flammable liquid storage cabinet [ ] other, describe: |
| **7. Emergency Equipment**A. Spill control materials readily available [ ]  Yes [ ]  NoB. First aid equipment readily available [ ]  Yes [ ]  No C. Any specialized spill/first aid equipment needed [ ]  Yes [ ]  No If so, describe: |
| **8. Waste Disposal**A. In-lab neutralization [ ]  Yes [ ]  No B. Deactivation [ ]  Yes [ ]  No C. Dispose as hazardous waste [ ]  Yes [ ]  No If yes, estimate rate of waste generation (e.g., grams or liters/month): |
| **9. Authorization**This individual has demonstrated an understanding of the hazards of the listed substance and plans to handle the substance in a manner that minimizes risk to health and property. He/she is authorized to use the substance in the manner described |
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| **Lab Supervisor Signature/Date** | **DCHO Signature/Date** |
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| **EHS Approval: Name** | **Signature** | **Date** |