**APPENDIX H**

# PARTICULARLY HAZARARDOUS SUBSTANCE USE APPROVAL FORM

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

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| 1. Substance Information A. Chemical name: CAS number:  B.  Carcinogen  Reproductive Toxin  High Acute Toxicity  C. Estimated Rate of Use (e.g., grams/month):  D. MSDS reviewed and readily available |
| **2. Hazards** Physical Hazards A. 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 Hazards G. Significant Route(s) of Exposure  Inhalation Hazard  Skin Absorption  H. Sensitizer |
| **3. Procedure**  A. Briefly describe how the material will be used  B. Vacuum system used  C. If yes, describe method for trapping effluents: |
| 4. Engineering ControlsVentilation/Isolation A. 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  No  B. 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** |