**RESEARCH INVOLVING:**    **HAZARDOUS MATERIALS SAFETY CLEARANCE**

*Please complete and submit completed form with your grant proposal to DSRT*

*Incomplete forms cannot be processed*

Use of this form assists the Principal Investigator with identifying prudent practices, regulatory compliance conditions and University policy associated with the proposed research activity; and in so doing allows for each PI to include budget line items to satisfy these requirements.

<table>
<thead>
<tr>
<th>TITLE OF GRANT PROPOSAL:</th>
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<tbody>
<tr>
<td>NAME OF P.I.:</td>
<td>DEPT.</td>
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<tr>
<td>P.I.’s TELEPHONE #:</td>
<td>FAX:</td>
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<tr>
<td>EMAIL:</td>
<td></td>
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<tr>
<td>LOCATION (S) OF WORK:</td>
<td></td>
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<tr>
<td>ANTICIPATED AWARD DATE:</td>
<td>DURATION OF PROJECT:</td>
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<tr>
<td>BRIEF DESCRIPTION OF THE WORK INVOLVING HAZARDOUS MATERIALS:</td>
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</table>

1. Are you familiar with the Federal, State, and University requirements regarding the use of hazardous materials?  □ Yes  □ No

2. Does your designated laboratory location include the following:
   - [ ] Fire extinguisher
   - [ ] Spill kit
   - [ ] Eyewash station
   - [ ] Safety shower
   - [ ] Fume Hood
   - [ ] Phone

3. Have you evaluated the requirements for personal protective equipment that will be required by you and your assistants to work safely with those materials?  □ Yes  □ No
   Check selected PPE:
   - [ ] Gloves
   - [ ] Face shield
   - [ ] Goggles
   - [ ] Respirator
   - [ ] Lab coats
   - [ ] Other: (specify)  ________________

4. Are you aware that 29 CFR 1910 stipulates that workplace exposure to any of the OSHA regulated substances will require periodic medical surveillance?  □ Yes  □ No

5. The following is the minimum training required for FIU employees to work with hazardous materials. Do all planned researchers have current training in these areas? *(Use of the word researchers includes graduate assistants)*

<table>
<thead>
<tr>
<th>REQUIRED TRAININGS</th>
<th>YES</th>
<th>NO</th>
<th>IF NO, HOW MANY REQUIRE TRAINING?</th>
</tr>
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<tbody>
<tr>
<td>Hazard Communication</td>
<td>□</td>
<td>□</td>
<td></td>
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<tr>
<td>Laboratory Safety</td>
<td>□</td>
<td>□</td>
<td></td>
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<tr>
<td>Hazardous Waste Handling</td>
<td>□</td>
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</table>

6. Approximately how much hazardous waste will be generated/month as a result of this proposal?

   - Solid waste _________ Pounds/month
   - Liquid waste _________ Gallons/month
7. Are you likely to generate “acutely hazardous waste”? □ YES □ NO

*Acute waste* is very toxic and can be fatal to humans in small amounts [40 CFR 261.31, 32, 33(e)]

**Note:** Fume hoods should not be used for storing hazardous waste

8. Have you designated a safe and secure location for the temporary storage of hazardous waste in your laboratory? □ YES □ NO

9. Describe how access will be controlled to areas where hazardous materials will be used or stored?

________________________________________________________________________________
________________________________________________________________________________

10. Will the laboratory be locked when no one is present during regular working hours? □ YES □ NO

11. Have you made budget provision for the following:
   a. Ventilation Control □ YES □ NO □ N/A
   b. Training □ YES □ NO
   c. Personal Protective Equipment □ YES □ NO
   d. Medical Surveillance: □ YES □ NO □ N/A
   e. Waste Disposal: □ YES □ NO

If No, for any of the above, how do you plan to pay for these services? __________________________
________________________________________________________________________________________
________________________________________________________________________________________

**P.I. Signature:** ________________________________  **Date:** ______________

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**EH&S INTERNAL USE**  

**EH&S File No:** __________

<table>
<thead>
<tr>
<th>PROPOSAL NO.</th>
<th>DATE RECEIVED BY EH&amp;S</th>
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<tr>
<td>REVIEWED BY:</td>
<td>REVIEWED ON:</td>
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☐ **ACCEPTED AS SUBMITTED** __________

☐ **ACCEPTED SUBJECT TO CONDITIONS** __________

REVIEWER INITIALS: ____________________  REVIEWER INITIALS: ____________________