



High Hazard Chemical Registration Form

PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Name: _____

Department: _____

Department Chair: _____

Phone Office: _____

Phone Emergency: _____

DESIGNATE CONTACT INFORMATION

Designate Name: _____

Job Title: _____

Phone Office: _____

Phone Emergency: _____

WORK TO BE CONDUCTED

High Hazard Chemical type

<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Explosive/Energetic	<input type="checkbox"/> Highly Corrosive (e.g. HF, <i>aqua regia</i>)
<input type="checkbox"/> Water Reactive	<input type="checkbox"/> Methyl Mercury	<input type="checkbox"/> Acute toxic chemical (e.g. Sodium cyanide)
<input type="checkbox"/> Carcinogen/Teratogen > 100 g		<input type="checkbox"/> Highly Toxic Gas (e.g. H ₂ S, CO, AsH ₃)

Brief Description:

LOCATIONS WHERE WORK WILL BE CONDUCTED

Please list building and room numbers below:

Signature: _____

Date: _____