The objective of this document is intended for the Principal Investigator (PI) (or applicable person) to accurately confirm laboratory operational requirements. Please note that we recommend you consider not just current lab activities but future research activities in consideration of departmental/unit research goals. This form must be completed by the Principal Investigator (or applicable person) and submitted to EHS (ehs.office@utoronto.ca) or your Designer/Planner (as applicable) prior to initiation of any work. A project report will be provided by EHS (to the PI, Chair and designated UofT project contact as applicable) within 2‐3 weeks. Please ensure that you plan accordingly as per these time constraints. If permit decommissioning or lab closure is involved, kindly review [**Guidelines for Laboratory Closure**](https://ehs.utoronto.ca/our-services/environmental-protection-services/guidelines-for-laboratory-closure/) (https://ehs.utoronto.ca/our-services/environmental-protection-services/guidelines-for-laboratory-closure/) and complete the [**Exit Renovation Decommissioning Form**](https://ehs.utoronto.ca/wp-content/uploads/2015/10/Decommissioning-form-for-Biological-agents.pdf) (https://ehs.utoronto.ca/wp-content/uploads/2015/10/Decommissioning-form-for-Biological-agents.pdf ).

If you have questions regarding how to complete these forms, please contact EHS.

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| **Section 1: Information** | | |
| **P.I. Name:**  **Email:**  **Building / Laboratory room(s) #:**  **Department:** | | |
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| **Section 2: Nature of the Laboratory Activities** | | |
| **Please select all that apply:**  **Teaching**  **Research**  **Animal Research: please list species**  **Vertebrates:**  **Invertebrates:**  **Vivarium space required**  **Aquatic facility required** | **Plant Research: please list species**  **Growth chambers**  **Green house**  **Other—please specify:** | |
| **Please provide a brief description of the specific research and/or teaching activities:** | | |
| **Section 3: Biological Agents** | | |
| Will you work with biological agents? Yes No  **If No, go to next Section 4**  Do you currently have a biosafety permit?  Yes Permit #:  No | | |
| Select which biological agents:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | human tissues and cells | | human blood and blood fractions | | human body fluids | | primary human cell cultures | | established human cell lines | |  | | animal tissues and cells | | animal blood and blood fractions | | animal body fluids | | primary animal cell cultures | | established animal cell lines | |  | | bacteria |  | viruses |  | microbial toxins | | fungi |  | parasites |  | recombinant DNA/RNA | | other(specify): | | | | | | | |
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| **Section 4: Hazardous chemicals** | | |
| **Will you work with the following Higher Hazard Chemicals?** (check all that apply)  Pyrophoric  Water Reactive  Explosive/Energetic (e.g. azides, nitro compounds, peroxides, perchlorates)  Highly Corrosive (e.g. HF, HCl, H2SO4, *aqua regia,* piranha, perchloric, chromic, NaOH, NH4OH)  Acute toxic chemical – LD50 , 50mg/kg (e.g. Sodium cyanide, methyl mercury)  Toxic volatile or toxic gas chemicals  Nanomaterial  Teratogens or carcinogens  None of the above | | |
| Do you currently have a Higher Hazard Chemical Permit?  If No (or you will be working with agents that are in addition to what is on your permit OR if you do not currently have a permit) please complete the below. | | Yes - Permit #:  No |
| Is your inventory available in the Central Chemical Inventory system HECHMET:  If No, please provide COMPLETE chemical inventory of proposed lab (use template at end of this document) | | Yes  No |

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| **Section 5: Lasers** | |  |
| Will you work with Lasers of class 3B or class 4 open beams?  **If No, go to Section 6** | | Yes No |
| Do you currently have a laser permit? | | Yes  permit #:  No |
| If Yes, will you be working with the exact same lasers? | | Yes  No |
| If No (or you will be working with lasers that are in addition to what is on your permit OR if you do not currently have a permit) please provide a list of all class 3B or 4 open beam lasers you will be using : |  | |
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| **Section 6: Radiation** | |  |
| Will you be working with radiation e.g. open and/or sealed sources, and/or use of irradiators?  **If No, go to next Section 7** | | Yes  No |
| Do you currently have a radiation permit? | | Yes  Permit #:  No |
| If No (or you will be working with agents that are in addition to what is on your permit OR if you do not currently have a permit) please provide a list of all agents you will be using : | | |

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| **Section 7: X‐Rays** | | |
| Will you be working with x‐rays? | Yes No | |
| Do you currently have an x‐ray permit? | Yes  Permit #:  No | |
| If Yes, will you be working with the exact same x‐rays? | Yes No | |
| If No (or you will be working with x‐ray machines that are in addition to what is on your permit OR if you do not currently have a permit) please provide a list of all x‐ray machines you will be using : | | |
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| **Section 8: Gas Supply** |  | |
| Will you require gas supply? | Yes No | |
| If yes, provide details | | |
| **Gas:** | Size of Cylinder: | # of Cylinders |
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| Plumbed  Stored cylinders | | |

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| **Section 9: Other equipment** | | | | | | |
|  | Equipment | Total weight | Electrical Requirements | Mechanical Requirements  e.g. exhaust | Other | Spec sheet attached |
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| Section 10: Chemical inventory | | | | | | | | | |
|  | Chemical name (Alphabetically) | Concentration | Total Quantity | Max. size of each container | Area of activity (use or handling) involving the chemical | | Location of storage | | |
| Only w/in fume hood | In open area of lab | Only in flammable storage cabinets | In the open area of the lab | In a glove box |
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|  | Chemical name (Alphabetically) | Concentration | Total Quantity | Max. size of each container | Area of activity (use or handling) involving the chemical | | Location of storage | | |
| Only w/in fume hood | In open area of lab | Only in flammable storage cabinets | In the open area of the lab | In a glove box |
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