

Laboratory Registration Form

Registration Date: _____ Lab Building: _____

Shared Lab Group Name or Neighborhood: _____

Room # (list the room number(s) associated with this lab or shared lab space): _____

Department: _____ Dept. Office: _____ e: _____ Phone: 2DC /TT0 -1.826

Name (PI, Supervisor)	OfficePhone (primary) Required and will be displayed on the door sign	CellPhone (secondary) Required but will NOT be displayed on the door sign	For a shared laboratory list the space(s) assigned to each responsible PI or Supervisor

Indicate all activities: 392.52 0)3.2 (c)-4.9 (.8 (i)-3.2839o8o6 (1b95J -0.0q0.8 (i)u3.2 (c)-4.9 (a)p3.2 (c)m)-9e)-6J

Human blood, body fluid, u fixed tissue or other potentially infectious human derived material
Recombinant DNA Research
Live Vertebrate Animals
Store & use hazardous chemicals and generate hazardous waste
Controlled Substances (requiring DEA registration)
Hydrofluoric acid (HF)
Compressed Gas Cylinders
<input type="checkbox"/> Cryogenics
High Pressure Equipment (i.e. autoclave, catalyst reactions, potentially explosive reactions, etc.)
Hazardous machinery requiring safety guards/stops