

**Environmental Health, Safety and Risk Management (EHSRM)  
New Research Laboratory Hazard Assessment**

Please print. Date: \_\_\_\_\_  
Principal Investigator (PI): \_\_\_\_\_ Office Phone Number: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Department /Division: \_\_\_\_\_  
Building: \_\_\_\_\_ Lab Room Number(s): \_\_\_\_\_ Lab Phone Number: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**Check the appropriate box for each question in the context of proposed use of laboratory space.**

**Radiation Safety**

**Use of Radionuclides:**

Yes No  
  Are radionuclides to be used in your research? List isotopes: \_\_\_\_\_

**If yes, please answer the following questions:**

Yes No  
  Are human research subjects exposed to radionuclides?  
  Are animal research subjects exposed to radionuclides?  
  Do you have Radioactive Materials authorization?  
  Do you plan on working under someone else's authorization?  
Name of authorized user: \_\_\_\_\_ ID #: \_\_\_\_\_  
Email of authorized user: \_\_\_\_\_

**If yes, use of radioactive materials requires prior approval. Contact EHSRM at 956-665-3690 for more information.**

Application provided to the PI: Yes  \_\_\_\_\_ N/A

**Use of x-ray or non-ionizing radiation including lasers:**

Yes No  
  Are  human subjects  patients or  animals exposed to:  
 X-rays or  non-ionizing radiation?  
  Other, Describe: \_\_\_\_\_

**If yes, use of radioactive sources or lasers requires prior approval. Contact EHSRM at 956-665-3690 for more details.**

## Biological Safety

### Use of tissue, blood, or body fluids from:

Yes No

- Humans  
  Non-human primates ( \_\_\_\_\_ )  
  Laboratory animals ( \_\_\_\_\_ )  
  Wild animals ( \_\_\_\_\_ )

### Culture of cells or cell lines:

Yes No

- Human and non-human primate primary cells  
  Non-human primate cell lines ( \_\_\_\_\_ )  
  Human cell lines ( \_\_\_\_\_ )  
  Other animal cell lines ( \_\_\_\_\_ )  
  Insects ( \_\_\_\_\_ )

### Pathogens and potentially infectious agents:

Yes No

- Do you plan on using hazardous biological agents?  
If yes, list: \_\_\_\_\_  
\_\_\_\_\_
- Are animals exposed to pathogenic organisms?  
  Are tissues and cells transplanted between species?  
If yes, is it:  
 animal tissue into human  
 human tissue into animal  
 animal into animal (describe: \_\_\_\_\_ )

### Human Subjects:

Yes No

- Does the project involve human subjects?  
  Has the project been approved by the Human Subjects Committee? If yes, indicate the Human Subjects approval number: \_\_\_\_\_  
  Does the project involve Human Gene Therapy (HGT)?

### Environmental release of recombinant plants or other organisms:

Yes No

- Will your research involve the environmental release of genetically engineered material?

### Recombinant DNA:

Yes No

- Does your research involve the use of rDNA?

**If Yes, to the above questions, Safety office approval and/or Institutional Biosafety Committee approval may be required. Contact EHSRM at 956-665-3690 for more information.**

**Application to use biohazard agents provided to PI.** Yes  \_\_\_\_\_ N/A

**Chemical Safety**

**Use of hazardous materials:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Carcinogens  |
| <input type="checkbox"/> | <input type="checkbox"/> | Organ specific toxicants   |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemicals/drugs requiring a DEA permit   |
| <input type="checkbox"/> | <input type="checkbox"/> | Acutely toxic substances (including hazardous drugs)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will your research involve animal exposure to:   |
|                          |                          | <input type="checkbox"/> carcinogens <input type="checkbox"/> organ specific toxicants <input type="checkbox"/> acutely toxic substances |
| <input type="checkbox"/> | <input type="checkbox"/> | explosive materials (dry polynitroaromatics, nitroso compounds, metal azides, metal fulminates, or unstabilized organic peroxides)       |
| <input type="checkbox"/> | <input type="checkbox"/> | inherently unstable oxidizers and highly unstable materials?<br>(e.g. concentrated peroxides and perchlorate salts)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | water reactives and pyrophoric materials<br>(e.g. alkali earth metals, organic lithium compounds, and other organic metallic compounds)  |

**Animal Research**

**Contact with animals:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Small laboratory animals (species: _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Large laboratory animals (species: _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | Immunocompromised animals ( _____)        |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-human primates: ( _____)              |
| <input type="checkbox"/> | <input type="checkbox"/> | Wild animals (species: _____)             |
| <input type="checkbox"/> | <input type="checkbox"/> | Transgenic/knockout animals: ( _____)     |

**FOR ENVIRONMENTAL HEALTH, SAFETY AND RISK MANAGEMENT USE ONLY**

Recommended Medical Surveillance: Hepatitis B Virus Vaccine - Yes       N/A   
 Other: \_\_\_\_\_

- Required training:
- Animal Care Health and Safety
  - Basic Laboratory Safety
  - Basic Radiation Safety
  - Bloodborne Pathogens / Biological Safety
  - Laser Safety
  - X-Ray Safety
  - Other: \_\_\_\_\_

Hazard Assessment Performed by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_