Laboratory Registration Form

All Principal Investigators (PIs) should complete the following laboratory registration form upon assignment of lab space and prior to conducting research at Texas A&M University. Once the form is complete and has been reviewed by EHS, the PI will be contacted if necessary to discuss university policies, lab safety guidelines, and training requirements relating to the type of research involved.

LABORATORY INFORMATION

Faculty/PI Name: _______________________________________________________________

Department: ___________________________________________________________________

Bldg. # and Name: ______________________________________________________________

Room(s): ______________________________________________________________________

Office Phone: __________________________________________________________________

Lab(s) Phone: __________________________________________________________________

Other Phone: __________________________________________________________________

Email: ________________________________________________________________________

Move-In Date: __________________________________________________________________

Alternate Contact’s Name: ________________________________________________________

Alternate Contact’s Office Phone: __________________________________________________

Alternate Contact’s Other Phone: __________________________________________________

Alternate Contact’s Email: ________________________________________________________
Please answer the following questions as YES or NO and list materials that will be used. 
Attach an inventory report if necessary.

LABORATORY HAZARDS

Chemical

Will you be using / storing hazardous chemicals (e.g. flammables, combustibles, corrosives, oxidizers, carcinogens, toxins, etc.)? ________________________________________________________________
_____________________________________________________________________________________

Will you be bringing chemicals with you? If so, please attach a chemical inventory. _________________
If help is needed to ship items, contact EHS Hazardous Material Shipping at (979)845-2132.

Do you have MSDS sheets for all chemicals in the laboratory? ____________________________________
_____________________________________________________________________________________

Will you have more than 10 gallons of flammable liquids in the laboratory? _______________________
_____________________________________________________________________________________

Will you be using / storing peroxide forming chemicals (e.g. cyclohexane, ethyl ether, tetraydrofuran, perchloric acid)? ________________________________________________________________

Will you be working with any chemical that might pose an extraordinary threat to one’s physical health or university property (e.g. hydrofluoric acid, picric acid)? ____________________________________
_____________________________________________________________________________________

Will you be generating hazardous chemical waste? _____________________________________________
_____________________________________________________________________________________

Do you have a chemical spill kit in the laboratory? _____________________________________________
_____________________________________________________________________________________

Will gas cylinders be used in the laboratory? ________________________________________________
_____________________________________________________________________________________

Do you plan to use hazardous / toxic gases that require ventilated storage (e.g. hydrogen sulfide, carbon monoxide, ammonia)? ________________________________________________________________
_____________________________________________________________________________________

Will you be using cryogenic liquids such as liquid nitrogen or liquid helium? _______________________
_____________________________________________________________________________________

Will you be using or synthesizing nanoparticles? ______________________________________________
_____________________________________________________________________________________
Radiation / Laser

Will you be working with radioactive materials? ________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Have you previously worked with radioactive materials? If so, what licenses or authorizations have you held? ________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Will you be using radiation generating equipment (e.g. X-ray machines)? _________________________
_____________________________________________________________________________________

Will you be generating radioactive waste? __________________________________________________
_____________________________________________________________________________________

Do you plan to work with Class IIIb or Class IV lasers? _________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Biological

If you answer YES to the following questions, please contact the Office of Biosafety.

Will you be working with recombinant materials, animals/animal parts, human/primate blood, cells, or tissue? ________________________________________________
_____________________________________________________________________________________

Will you be working with Biosafety Level 1, 2, or 3 agents? __________________________________
_____________________________________________________________________________________

Will you be autoclaving biohazard waste (e.g. rDNA, culture plates, and vials)? __________________
_____________________________________________________________________________________

Will you have biological waste that can’t be autoclaved? ______________________________________
_____________________________________________________________________________________

Will you be using sharps (e.g. needles, scalpels, razor blades)? ________________________________
_____________________________________________________________________________________

Please contact the Office of Biosafety at biosafety@tamu.edu or (979)862-4549.
LABORATORY EQUIPMENT

Does the lab(s) have a chemical fume hood? ____________________________________________
_________________________________________________________________________________

Does the lab(s) have a biological safety cabinet? ________________________________________
_________________________________________________________________________________

Does the lab(s) have an emergency eyewash and safety shower? __________________________
_________________________________________________________________________________

Does the lab(s) have a flammable storage cabinet? ______________________________________
_________________________________________________________________________________

Does the lab(s) have a corrosive storage cabinet? ________________________________________
_________________________________________________________________________________

Does the lab(s) have an explosion proof / flammable safe refrigerator or freezer? __________
_________________________________________________________________________________

Does the lab(s) have an autoclave? _____________________________________________________
_________________________________________________________________________________

Does the lab(s) contain any equipment that generates noise over 85 decibels? ______________
_________________________________________________________________________________

Has all necessary Personal Protective Equipment (PPE) been provided for laboratory personnel (e.g. chemical safety goggles, gloves, lab coats, hearing protection, respirators, etc.)? ______________
_________________________________________________________________________________

List any additional safety concerns here: ________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

After completing this checklist, please return to Environmental Health & Safety.

Campus Mail Code: 4472 TAMU  Fax: (979) 845-1348  Email: ehsd@tamu.edu