the university of texas at san antonio – chemical safety committee

APPLICATION FOR APPROVAL TO USE CARCINOGENIC, HIGHLY TOXIC, OR ACUTELY HAZARDOUS CHEMICALS

**Submit as a Word Document to** [**csc@utsa.edu**](mailto:csc@utsa.edu)

**Do not submit MSDS with this application unless specifically requested by the CSC**

# chemical safety committee use only

**CSC APPLICATION #:** Click here to enter text.

**CSC APPROVAL DATE:** Click here to enter a date.

# PRINCIPAL INVESTIGATOR INFORMATION

**NAME:** Click here to enter text. **DEPARTMENT:** Click here to enter text.

**CONTACT NUMBER:** Click here to enter text. **EMAIL:** Click here to enter text.

# ANIMAL USE INFORMATION

**Will live animals be used in this study?**

**YES**  **NO**

**If ‘YES’ please complete the following:**

**IACUC PROTOCOL NUMBER:** Click here to enter text.

# CHEMICAL INFORMATION

**Use a separate form for each building or campus.**

**To view MSDS and the Chemical Safety Manual on-line go to** [**http://utsa.edu/safety/**](http://utsa.edu/safety/)

**BUILDING:** Click here to enter text.

**LAB ROOM NUMBERS:** Click here to enter text.

**CAMPUS:**  **MAIN**  **DOWNTOWN**  **HEMISFAIR / ITC**

## HAZARD INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Quantity Used (g, Kg, ml, L, % solution) Per Day in the Lab; Frequency used** | **Chemical in Storage Only (not in use)** | **Physical Form** | | | | | **Routes of Entry** | | | | |
| **CHEMICAL NAME** | **CAS #** |  |  | **SOLID** | | **LIQ** | | **GAS** | **EYES** | **SKIN** | | **INHAL.** | |
|  |  |  |  |  |  | |  | |  | |  | |  |
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**NOTE: If a chemical is checked “In Storage Only” an updated CSC Application should be submitted when the chemical is transferred to active use.**

## personal protective equipment and safety equipment

**For each chemical listed above, describe what primary barriers (PPE and safety equipment) will be used to assist in protecting the employee (list any additional safety equipment in the procedure section #5).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHEMICAL NAME** | **PPE (Please specify types of gloves; lab coat; shoe; indicate the type of head covering, etc. to be used); indicate type of eye protection\*** | **CHEMICAL FUME HOOD** | | **RESPIRATOR OR OTHER RESPIRATORY PROTECTION USED?**  **If ‘yes’, indicate type of respirator/protection. Respirators require OHP fit-test and approval prior to wear.** | | **MSDS AVAILABLE IN ELECTRONIC (E) OR PAPER (P) FORMAT** | |
|  |  | **YES** | **NO** | **YES** | **NO** | **E** | **P** |
|  |  | **YES** | **NO** | **YES** | **NO** | **E** | **P** |
|  |  | **YES** | **NO** | **YES** | **NO** | **E** | **P** |
|  |  | **YES** | **NO** | **YES** | **NO** | **E** | **P** |
|  |  | **YES** | **NO** | **YES** | **NO** | **E** | **P** |
|  |  | **YES** | **NO** | **YES** | **NO** | **E** | **P** |
|  |  | **YES** | **NO** | **YES** | **NO** | **E** | **P** |
|  |  | **YES** | **NO** | **YES** | **NO** | **E** | **P** |

\* **LATEX GLOVES ARE NOT APPROPRIATE FOR WORK WITH MOST CHEMICALS**

## CONTROLLED SUBSTANCES

**Are any of the chemical agents listed in 4A, DEA Controlled Substances?**

**YES**  **NO**

## monitoring for exposure level

**EHSRM LSD will contact you to conduct monitoring if it is needed for the chemicals with which you work.**

# procedures

**List all procedures the chemical(s) will be used for.**

**Mark here** , **if procedure is attached in a separate document.**

**If procedure is not attached as a separate document describe here a summary of the procedure(s) or protocol for which you plan to use these chemicals.**

Click here to enter text.

# waste disposal procedures

**Check here**  **to affirm that all chemical wastes are properly segregated and labeled per the UTSA Chemical Waste Management Safety Plan** [**http://utsa.edu/safety/#/safetymanuals**](http://utsa.edu/safety/#/safetymanuals) **and waste pickups are requested in a timely manner.**

# training

**Complete the table for all laboratory personnel, including the PI: NOTE – all faculty and lab personnel must complete all listed training prior to working with hazardous chemicals or in an area where hazardous chemicals are present.**

**Check all courses completed.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **NETWORK ID (abc123)** | **Lab Safety and Hazard Communication SA443.01** | **Hazardous Waste Generator’s Course SA401** | **Specific Hazard Chemical Training by P.I. (required)\*** | **Was emergency response exposure information for each chemical covered?** | |
|  |  |  |  |  | **YES** | **NO** |
|  |  |  |  |  | **YES** | **NO** |
|  |  |  |  |  | **YES** | **NO** |
|  |  |  |  |  | **YES** | **NO** |
|  |  |  |  |  | **YES** | **NO** |
|  |  |  |  |  | **YES** | **NO** |
|  |  |  |  |  | **YES** | **NO** |
|  |  |  |  |  | **YES** | **NO** |
|  |  |  |  |  | **YES** | **NO** |

**\* PI must retain paperwork specifying that training has taken place.**

# 8. principal investigator / laboratory director statement of assurance

**Principal Investigators and laboratory directors or supervisors working with carcinogenic, highly toxic or acutely hazardous chemicals are the ones primarily responsible for control of these chemicals. Before any work commences with these chemicals, personal instruction in safe handling, use, containment, and proper disposal must be given to laboratory workers and their understanding documented. Additionally, procedures for handling personal injury or accidental exposure must also be reviewed.**

**X**

(**Principal Investigator)**

**DATE:** Click here to enter a date.