**Safety** **Checklist for Incubator Companies**

**Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Safety Liaison:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Liaison Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Liaison e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UTSA Room Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note: If applicable attach additional responsive documents and label each document with the corresponding question number below.**

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| --- | --- | --- | --- |
| **1.** | **Will there be chemicals used / stored in the space?** | Yes | No |
|  | If yes, I have included an inventory in the UTSA approved format (forms can be obtained from EHSRM). | | |
|  | If yes, I have attached a chemical waste disposal plan. | | |

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| **2.** | **Will biological agents or recombinant DNA be used?** If yes, please list the agents | Yes | No |
|  | If yes, I have attached a description of the research including agents used and BSL of the laboratory. | | |
|  | If yes, I have included the biological waste disposal plan. | | |

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| **3.** | **Will select agents and/or toxins be used?** If yes, please list | | | | | Yes | No | |
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| **4.** | **Will controlled substances be utilized?** If yes, please list | | | | | Yes | No | |
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|  |  |  |  |  |  | | |  |
|  | If yes, I have included copies of TX DPS and DEA license. | | | | | | | |
|  | If yes, I have attached a protocol that outlines how outdated or unused controlled substances will be disposed of. | | | | | | | |

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| **5.** | **Will radioactive material be used?** If yes, please list radioisotopes/amounts | | | | | Yes | No | |
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|  |  |  |  |  |  | | |  |
|  | If yes, I have included a copy of the TXDSHS license. | | | | | | | |
|  | If yes, I have attached the radioactive material disposal plan. | | | | | | | |

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| **6.** | **Will class 3b or 4 lasers be used?** | Yes | No |
|  | If yes, I have included a description of the research along with the class; type; and power of the laser(s). | | |
|  | If yes, I have attached a copy of the TXDSHS registration. | | |

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| **7.** | **Will animals be used?** | Yes | No |
|  | Will chemicals be used with the animals?  Yes  No | | |
|  | If yes, I have attached a description of the research including species, chemicals, and housing arrangements.  If yes, I have attached a copy of the IACUC approval letter. | | |

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| **8.** | **Will Human subjects be used in research?** | Yes | No |
|  | If yes, I have attached a description of the research. | | |
|  | If yes, I have attached a copy of the IRB approval letter for this research. | | |

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| **9.** | **Will there be generation of fine dust or nano-particles as a result of the research process?** | Yes | No |
|  | If yes, I have attached a list of the materials including a description of the engineering controls that will minimize exposure to these particles. | | |

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| **10.** | **Will UTSA students/employees work for company?** If yes, please check all that apply. | Yes | No |
|  | As Interns  As Employees of the private company  As Employees of UTSA  If yes, I have included a list of these personnel. | | |

I certify that the information contained in this document and in any attachments is true and complete and that I am authorized to make this certification on behalf of the Company. I understand that UTSA will rely upon the truthfulness and completeness of the responses to the above questions.

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Authorized Representative Signature Date

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Authorized Representative Name Title

FOR INTERNAL UTSA USE ONLY

The provided information along with additional documentation indicate that:

all pertinent regulations and standards have been met.

all pertinent regulations and standards have NOT been met.

The following must be provided/completed to meet pertinent regulations and standards:

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J. Brian Moroney, Director Environmental Health, Safety and Risk Management