

Please fill in all applicable fields. Upon completion, please print and mail to MS-1826 or fax to 426-3343, ATTN: EHS.

\* Indicates required field

\* Building Name  \* Building Room #  \* College Name

\* Principal Investigator 1 Name  Principal Investigator 2 Name

\* PI 1 Work Phone  \* PI 1 Office/Location  PI 2 Work Phone  PI 2 Office/Location

The emergency contact can be the PI, Lab supervisor, or other designee.

\* Emergency Contact Name  Lab Supervisor Name

\* Emergency Contact Phone  Lab Supervisor Phone

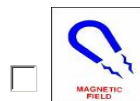
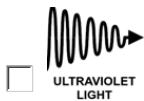
\* Em. Contact Office/Location  Lab Super. Office/Location

Please select up to five (5) pictures from the following four sections:

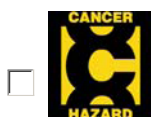
Biosafety



Radiation



Health Hazards



Physical Hazards



Please select up to five (5) pictures from the following two sections:

Mandatory Actions



(Restricted Access)

Prohibited Actions

