

**TEMPLE UNIVERSITY**  
**Environmental Health and Radiation Safety Department**  
**Assurance on Hazardous Procedures**

**A. PERSONNEL**

**a. PRINCIPAL INVESTIGATOR**

Name, Degree(s)	Job Title	Office Phone	Cellular / Pager
School or College, Center or Department, and Section (if applicable)			Fax
Interoffice Address		E-Mail Address	

**b. LIST ALL OTHER PERSONNEL DIRECTLY INVOLVED IN THIS PROJECT**

NAME	PROJECT POSITION(S)	PHONE
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

**B. GENERAL**

**a. TITLE (Please provide a short description of project)**

**b. RESEARCH INVOLVES (check all that apply)**

1.  Radioactive Materials? If yes, please list the isotope(s) and the name of the compound.
2.  Ionizing Radiation? If yes, please indicate the type for example (radiograph, fluoroscopy, electron microscope, irradiators, etc) and the location of use.
3.  Non-Ionizing Radiation? If yes, please indicate the type for example (MRI, ultrasound, Lasers, microwaves, etc) and please Include the serial number of the device.
4.  Recombinant DNA? If yes, please include the IBC Approval # \_\_\_\_\_ and a short description of project.
5.  Hazardous Chemicals? If yes, please list the hazardous chemicals.
6.  Nanoparticles? If yes, please list the nanomaterials.
7.  Controlled Substances? If yes, Please list:  
Name of controlled substance(s) \_\_\_\_\_  
DEA registration number \_\_\_\_\_  
Name of DEA registrant \_\_\_\_\_
8.  Biological Agents? If yes, please Identify which organism or cell line is used. Examples include viruses, bacteria, yeast, fungi, rickettsia, prions, toxins that are derived from biological organism or cell lines, such as human cancer or epithelial cells.
9.  Animals? If yes, please indicate the type of animal and the IACUC # \_\_\_\_\_
10.  Human? If yes, please provide the IRB # \_\_\_\_\_

If your research does not involve any of the above, please so indicate by checking this box  and proceed to the end of the form for signature confirmation.

**C. SAFETY AND PROTECTION**

**a. Please List Laboratories and Hoods Used for this Project**

	BUILDING	ROOM #	Biological Safety Cabinet or Fume Hood		USES (check all that apply)		
			Type	Date Certified	Stored	Prep'd	Used
(1)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. PERSONAL PROTECTIVE EQUIPMENT**

Indicate which of the following are or will be used as personal protective equipment: (check all that apply):

- Goggles       Disposable gown       Mask       Gloves (type):  
 Shoe covers       Hair cover       Face shield       Other:  
 Lab coat       Respirator

**D. Required Training (Please provide current training dates for the PI and personnel listed above in A.b)**

	*RADIATION	HAZCOM	BIO-SAFETY	*BLOOD-BORNE PATH	DOT SECURITY	CHEM HYG	*CHEM WASTE	**DANGEROUS GOODS SHIP	AIRBORNE PATH	RESP FIT TEST
PI										
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

\* annual , \*\* biannual

**E. Safety Precautions**

Individuals working on this project may need special immunizations, such as Hepatitis B.

Do all workers have the proper immunizations?  Yes  No

**If yes, it is the responsibility of the PI to arrange for the availability of the necessary immunizations.**

**F. HAZARDOUS WASTE:** Please indicate the type of Waste Generated

Radioactive Waste <input type="checkbox"/>	Chemical Waste <input type="checkbox"/>	Infectious or Biological Waste <input type="checkbox"/>	Chemotherapeutic Waste <input type="checkbox"/>
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The PI agrees to provide the Environmental Health and Radiation Safety (EHRS) Department with appropriate information related to the study. Furthermore, the PI agrees to comply with all applicable federal, state and local regulatory agencies as well as policies and procedures established by the Temple University.

Signature of PI: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Chairperson/Director/Section Chief: \_\_\_\_\_ Date: \_\_\_\_\_

To be filled out by the Environmental Health and Radiation Safety Department:

- \_\_\_\_\_ EHRS has no objection to this research  
 \_\_\_\_\_ EHRS has identified issues that must be addressed before this project can be pursued (see attached memo)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_