

Registration Form for Regulated Chemicals or Chemicals with a High Acute or Chronic Toxicity

The Northeastern University Chemical Hygiene Plan requires registration of chemicals listed in Appendix A that are regulated chemicals or chemicals with a high acute or chronic toxicity.

Name _____ Phone _____ Bldg/Rm. _____

Chemical Information

Chemical Name:	<input type="radio"/> Carcinogen
Estimated Rate of Use (e.g., grams/month):	<input type="radio"/> Environmental Hazard
MSDS reviewed and readily available <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> High Acute or Chronic Toxicity

Location/Designated Area

Building: _____ Room: _____	Storage Method/Precautions
Describe the area where substance(s) will be used and the method, if a carcinogen, of posting it as a designated area.	<input type="radio"/> Refrigerator/Freezer <input type="radio"/> Chemical Hood
	<input type="radio"/> Flammable Storage Cabinet
	<input type="radio"/> Double Containment <input type="radio"/> Vented Cabinet
	<input type="radio"/> Other, describe: _____

Hazards

Physical Hazards	Health Hazards
Flammable <input type="radio"/> Yes <input type="radio"/> No	Inhalation Hazard <input type="radio"/> Yes <input type="radio"/> No
Corrosive <input type="radio"/> Yes <input type="radio"/> No	Skin Absorption <input type="radio"/> Yes <input type="radio"/> No
Reactive <input type="radio"/> Yes <input type="radio"/> No	Ingestion Hazard <input type="radio"/> Yes <input type="radio"/> No

Procedures

Briefly describe how material will be used & precautions that will be taken to protect public health, safety and the environment.

Exposure Controls and Training

Personal Protective Equipment (PPE)	Ventilation/Isolation
<input type="radio"/> Safety Glasses /Goggles	Chemical hood required <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Gloves (type) _____ <input type="radio"/> Lab coat	Glove box required <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Other, please describe: _____	Vented gas cabinet required <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Appropriate training has been received	Other, please describe: _____

Spills, Decontamination and Waste Disposal

Procedures to prevent release into sink or floor drains.	Spill control materials available <input type="radio"/> Yes <input type="radio"/> No
	In-lab neutralization <input type="radio"/> Yes <input type="radio"/> No
	Disposal through EHS department <input type="radio"/> Yes <input type="radio"/> No

Authorization

The individual / laboratory named above has demonstrated an understanding of the hazards of the listed substance and plans to handle the substance in a manner that minimizes risk to public health, safety and the environment. He/she is authorized to use the substance in the manner described.

Principal Investigator / Supervisor

NU Chemical Hygiene Officer