

Environmental Health and Safety

The Department of Environmental Health and Safety is required to collect information regarding the use of "OSHA Regulated Chemicals".

Please check the boxes below for each chemical you use in your laboratory and fill out the "USE QUESTIONNAIRE" for each chemical on the list you use. The information will be used to determine if there is an exposure probability and to determine if air monitoring is required.

PLEASE CHECK BELOW, WHICH REGULATED CHEMICALS ARE USED IN YOUR LAB. IF YOUR LAB DOES NOT UTILIZE ANY OF THESE CHEMICALS CHECK THE "DO NOT USE" BOX.

<input type="checkbox"/>	4-Nitrobiphenyl	<input type="checkbox"/>	Vinyl Chloride
<input type="checkbox"/>	Alpha-Naphthylamine	<input type="checkbox"/>	Inorganic Arsenic
<input type="checkbox"/>	Methyl Chloromethyl ether	<input type="checkbox"/>	Lead
<input type="checkbox"/>	3,3'-Dichlorobenzidine	<input type="checkbox"/>	Cadmium
<input type="checkbox"/>	Bis-Chlorormethyl ether	<input type="checkbox"/>	Benzene
<input type="checkbox"/>	Beta-Naphthylamine	<input type="checkbox"/>	1,2-Dibromo-3-Chloropropane
<input type="checkbox"/>	Benzidine	<input type="checkbox"/>	Acrylonitrile
<input type="checkbox"/>	4-Aminodiphenyl	<input type="checkbox"/>	Ethylene Oxide
<input type="checkbox"/>	Ethyleneimine	<input type="checkbox"/>	Formaldehyde
<input type="checkbox"/>	Beta-Propiolactone	<input type="checkbox"/>	Methylenedianiline
<input type="checkbox"/>	2-Acetylaminofluorene	<input type="checkbox"/>	1,3-Butadiene
<input type="checkbox"/>	4-Dimethylaminoazo-benzene	<input type="checkbox"/>	Methylene Chloride
<input type="checkbox"/>	N-Nitrosodimethylamine	<input type="checkbox"/>	Chromium (VI)

OUR LAB DOES NOT USE REGULATED CHEMICALS

PI Name: _____

Location (Building/Room #): _____

Phone: _____

E-mail: _____

DEPT: _____

PLEASE MAIL THE COMPLETED FORM TO:
DEPARTMENT OF ENVIRONMENTAL HEALTH AND SAFETY,
SERVICE BUILDING, FIRST FLOOR, LC: 7227

OR FAX TO 368-2236.

PLEASE COMPLETE ALL INFORMATION!

REGULATED CHEMICAL-USE QUESTIONNAIRE
(Please fill out one form for each regulated chemical you use)

PI Name: _____

Lab Location: Building _____ Room _____

Phone: _____ Department: _____

Regulated Chemical in Use: _____

1. Please estimate your frequency of use of the regulated chemical in *any quantity*. (circle one):

Frequently
(Daily to weekly)

Occasionally
(Monthly)

Rarely
<12 times/year

2. What concentration of this solution is used in your lab?

3. Frequency of chemical hood use with regulated chemical usage. (circle one)

Always

Sometimes

Never

4. If you answered "never" or "sometimes" to #3, please describe briefly the circumstances which prevent chemical hood use at all times.

5. Estimate in ml the amount of regulated chemical used in your lab per week (choose one):

0-10 ml

11-100 ml

>100 ml

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Date Revised: 06/30/2016