



# LABORATORY REGISTRATION FORM

Date

**Instructions** – Each lab room or group must have a separate form completed. Please fill in the shaded fields. Save the form for each registration separately before beginning a new form for a new room or group. Please submit completed forms via email to the EHS Department at [ehsoffice@uncc.edu](mailto:ehsoffice@uncc.edu).

### General Information

Building	<span style="background-color: #c0c0c0;"></span>	Room No.	<span style="background-color: #c0c0c0;"></span>	Department	<span style="background-color: #c0c0c0;"></span>
Principal Investigator (PI)	<span style="background-color: #c0c0c0;"></span>			Affiliate ID (800#)	<span style="background-color: #c0c0c0;"></span>

### Emergency Contact Information

Emergency Contact	Lab Position or Title	Affiliate ID (800 #)	Emergency Phone
<span style="background-color: #c0c0c0;"></span>	<span style="background-color: #c0c0c0;"></span>	<span style="background-color: #c0c0c0;"></span>	<span style="background-color: #c0c0c0;"></span>
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### Biosafety (Check all that apply)

<input type="checkbox"/>	Biological hazards, pathogens, or infectious materials	<input type="checkbox"/>	Animals (including transgenic animals)
<input type="checkbox"/>	Human specimens (e.g., blood, cells, tissues, urine)	<input type="checkbox"/>	Animal specimens (e.g., blood, cells, tissues)
<input type="checkbox"/>	Microorganisms	<input type="checkbox"/>	Toxins of biological origin (e.g., venom, tetrodotoxin)
<input type="checkbox"/>	Recombinant or synthetic nucleic acids	<input type="checkbox"/>	CDC/APHIS Select Agents or Toxins

### Hazards or Special Concerns (Check all that apply)

<input type="checkbox"/>	Carcinogens	<input type="checkbox"/>	Ionizing radiation / radioactive materials
<input type="checkbox"/>	Compressed gas	<input type="checkbox"/>	Lasers - Indicate highest laser class:
<input type="checkbox"/>	Corrosive liquids (acids or strong base)	<input type="checkbox"/>	Magnetic field generator
<input type="checkbox"/>	Cryogenics	<input type="checkbox"/>	Pyrophorics
<input type="checkbox"/>	Flammable liquids	<input type="checkbox"/>	X-rays
<input type="checkbox"/>	High voltage equipment (>600 volts)	<input type="checkbox"/>	Oxidizers
<input type="checkbox"/>	Hydrofluoric acid	<input type="checkbox"/>	Designated hot work area (welding, cutting, grinding)

**Describe other hazards or special concerns (e.g., inorganic mercury):**

**Describe any restricted areas in which the Principal Investigator's or lab staff presence is required for entry:**