

LABORATORY REGISTRATION FORM

registration separately befor Department at ehsoffice@ui	e beginning a					rms via email to the EHS	
General Information							
Building	llding Room No.			De			
Principal Investigator (PI)	rincipal Investigator (PI)		Affiliate ID (800#)				
Emergency Contact Information							
Emergency Contact	Emergency Contact Lab Pos		Affiliate ID (800 #)		Emergency Phone		
Biosafety (Check all that apply)							
Biological hazards, pathogens, or infectious materials				Animals (including transgenic animals)			
Human specimens (e.g., blood, cells, tissues, urine)				Animal specimens (e.g., blood, cells, tissues)			
Microorganisms				Toxins of biological origin (e.g., venom, tetrodotoxin)			
Recombinant or synthetic nucleic acids				CDC/APHIS Select Agents or Toxins			
Hazards or Special Concerns (Check all that apply)							
Carcinogens				Ionizing radiation / radioactive materials			
Compressed gas				Lasers - Indicate highest laser class:			
Corrosive liquids (acids or strong base)				Magnetic field generator			
Cryogenics				Pyrophorics			
Flammable liquids				X-rays			
High voltage equipment (>600 volts)				Oxidizers			
Hydrofluoric acid Describe other hazards or special concerns (e.g., inorganic				Designated hot work area (welding, cutting, grinding)			
Describe any restricted area					ce is required fo	r entry:	