AUGUSTA UNIVERSITY

INSTITUTIONAL CHEMICAL SAFETY COMMITTEE,
APPLICATION FOR APPROVAL FOR THE USE OF CHEMICALS IN LABORATORIES

Purpose:
Federal and Georgia EPA have begun vigorously auditing universities and colleges. Many have received substantial fines as a result of improper management of chemicals and poor laboratory safety practices. In response, the Augusta University Institutional Chemical Safety Committee [ICC] has developed a Principal Investigator Authorization Program to meet these requirements and facilitate research. All Principal Investigators (PIs) who plan to use chemicals in laboratories are required to submit an application to use chemicals in Augusta University laboratories. Following review and approval of the application, the PI will be issued a memorandum with an Authorization Number. The Authorization Number is required for submission of the Office of Grants and Contracts Extramural Grant/Contract Routing Form.

Procedures:
In order to obtain ICC approval to use chemicals in laboratories, PIs are required to:

1. Complete the attached “Application for the Use of Chemicals in Laboratories.”

2. Provide the Chemical Safety Office (CSO) with an updated and accurate chemical inventory for all laboratories under their control or use. A separate inventory must be completed for each laboratory, i.e., laboratory room. This includes chemicals in “common use” labs that are used by the PI and his or her staff. Please exclude bleach and other cleaning agents.

3. Complete and sign the attached “Memorandum of Understanding and Agreement for the Use of Chemicals”.

4. After completing the above please submit it to the Chemical Safety Office at CI-1014. The Chemical Safety Officer will review the documents, and perform a health and safety audit of laboratory(s) under the supervision and/or use of the PI. The ICC will review the application documents and the audit report to determine if the PI and his or her lab(s) meet minimum health and safety standards established by the Committee. Authorization will be granted by the ICC if minimum standards are met.

Use of High Hazard Chemicals:
The ICC has established additional requirements for the use of chemicals listed on the Augusta University List of High Hazard Chemicals. Please review the information contained in the “Purpose” and “Instructions” portions of the Application for the Use of High Hazard Chemicals before submitting a Grant and Contract Application (Extramural Grant/Contract Agreement Routing Form). Using a chemical on this list may result in higher than normal charges for disposal of generated waste and/or unwanted chemicals. The PI will be responsible for such higher than normal charges. The High Hazard Chemical List and Application to Use High Hazard Chemicals are located at: http://www.augusta.edu/services/ehs/chemsafe/, or are available from the CSO at 706-721-2663.
INSTITUTIONAL CHEMICAL SAFETY COMMITTEE

APPLICATION FOR THE USE OF HAZARDOUS CHEMICALS IN LABORATORIES

1. Principal Investigator (PI) ____________________________________________

2. Department __________________________________________________________

3. Procedures Used (Please check all that apply)
   - [ ] RNA and DNA Isolation and Characterization
   - [ ] Protein Isolation and Characterization
   - [ ] Protein Precipitation
   - [ ] Monoclonal Antibody Production
   - [ ] Lipid Extraction
   - [ ] Chemical Synthesis
   - [ ] Cell Culture
   - [ ] Histological Procedures
   - [ ] Other Procedures not listed above (Specify) __________________________

4. High Hazard Chemicals Used, e.g. Chemotherapeutics, Nanoparticles, etc.:
   (Specify): ____________________________________________________________
   Complete and Submit Application for Use of High Hazard Chemicals

5. Room Number(s) where chemicals used: _________________________________

6. Room Number(s) where chemicals stored: _______________________________

7. Chemical Fume Hood (Room Number/Date of Last Certification)
   __________________________________________________________________________
8. Chemical Protective Clothing (check items on hand)

- [] Eyewash Station
- [] Chemical Resistant Gloves
- [] Safety Glasses or Goggles
- [] Full Length Lab coat
- [] First Aid Kit
- [] Safety Shower(s)
- [] Fire Extinguisher
- [] Spill Control Material
- [] Flammable Cabinet
- [] Other Protective Clothing or Equipment (specify) _______________________

9. Liquid Nitrogen/Cryogenic Liquid Use:

Yes [ ] (complete items 9a. - 9d. below)

No [ ] (Go to item 10)

   a. Room Number: ______________

   b. Liquid Nitrogen Dewar(s):

      Number of Dewars _______ Room Number(s) __________

   c. Where is Liquid Nitrogen obtained for refilling of Dewar(s)?

      ______________________________________________________

   d. Required Cryogenic Liquid Protective Clothing (check items on hand)

Chemical Protective Clothing (check items on hand)

- [] Liquid Proof Shoe Covers/Spats
- [] Laboratory Face Shield (Full Face)/Chemical Splash
- [] Cryogenic Gloves
- [] Protection, Goggles
Training

Please provide the Name(s), Title(s), Department(s), Laboratory Safety Training, and Right-to-Know Training of PI, Collaborating Faculty, Staff, and Students working under or with PI applying for ICC Authorization to Use Chemicals in Augusta University Laboratories.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Department</th>
<th>Date/ Initial Chemical Lab Safety Training</th>
<th>Right-to-Know Training Dates</th>
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I agree to abide by all regulations and current university policies pertaining to the use, storage, transfer, shipment, and disposal of chemicals. I have read and will abide with all the provisions of the Augusta University Chemical Safety Guide and the recommendations of the Institution Chemical Safety Committee (ICC). I understand that failure to follow the above may result in review by the ICC and possible revocation of my authorization to use chemicals in Augusta University laboratories. I understand that my authorization will be for an indefinite period with a review annually or at such time as the Chairman, or Acting Chairman, ICC deems appropriate. I also understand that I must inform the Chemical Safety Officer of changes in laboratory operations, procedures, or chemical usage not covered in my original application.

P.I. Signature ___________________________ Date ____________

The Augusta University Environmental Health and Safety Division & Chemical Safety Office have reviewed the Application for the Use of Hazardous Chemicals and have conducted an audit of all laboratory(s) under the control or use of the PI. The PI meets all requirements to use and store chemicals safely as part of conducting research in Augusta University laboratories.

Kenneth U. Erondu (Chemical Safety Officer) Signature ___________________________ Date ____________

The PI named above is granted approval to conduct research using chemicals.

John A. Johnson (Chairman, ICC) Signature ___________________________ Date ____________

Effective Date of Approval ___________________________ PI ICC Authorization Number