

# Laboratory Door Sign Request

Date \_\_\_\_\_

## General Information

Building:	Rm:
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	Contact	Office Phone	Emergency Phone (24 hr number)
Principal Investigator:			
Lab Alternate Contact:			
Department Contact:			

Hazard	Indicate each hazard in your lab based on the following
<input type="checkbox"/> <b>Biohazard</b>	Contains any agent that is capable of causing disease in humans, plants or animals <i>Indicate Biosafety Containment Level:</i> <input type="checkbox"/> <b>BSL-1</b> <input type="checkbox"/> <b>BSL-2</b>
<input type="checkbox"/> <b>Carcinogen</b>	Suspected carcinogens are in use.
<input type="checkbox"/> <b>Compressed Gas</b>	Rooms or cabinets contain any size compressed gases.
<input type="checkbox"/> <b>Corrosive</b>	Corrosive liquids in <b>total</b> quantities greater than 2 liters in use.
<input type="checkbox"/> <b>Flammable</b>	Flammable liquids in <b>total</b> quantities greater than 2 liters in use, contains a flammable gas or flammable storage cabinet.
<input type="checkbox"/> <b>High Voltage</b>	Equipment capable of generating high-voltages (> 420 volts) in the course of its operation
<input type="checkbox"/> <b>Laser</b>	Laser(s) in use: <i>Indicate Laser Classification:</i> <input type="checkbox"/> <b>Class 3B</b> <input type="checkbox"/> <b>Class 3R</b> <input type="checkbox"/> <b>Class 4</b> <i>Other:</i>
<input type="checkbox"/> <b>Magnetic Field</b>	Strong Magnet use: High magnetic fields within five feet of NMR/Hydraulic equipment in use.
<input type="checkbox"/> <b>Oxidizer</b>	Oxidizers in quantities greater than 1 gallon in use.
<input type="checkbox"/> <b>Radioactive</b>	Any amount of radioactive material is in use: <i>Indicate:</i> <input type="checkbox"/> <b>Open Source</b> <input type="checkbox"/> <b>Sealed Source</b>
<input type="checkbox"/> <b>Toxic</b>	Material rated toxic in quantities greater than 10 pounds in use.
<input type="checkbox"/> <b>X-Ray</b>	List the type of equipment in use: <input type="checkbox"/> <b>Dental</b> <input type="checkbox"/> <b>Fluro</b> <input type="checkbox"/> <b>XRD</b> <i>Other:</i>
<input type="checkbox"/> <b>Water Reactive</b>	Any chemicals in the lab that could violently react with water: <i>Submit list to EH&amp;S</i>
<input type="checkbox"/> <b>No Custodial Services Required</b>	Room should not be entered for cleaning due to potential hazards in the lab.

**Add any laboratory-specific information for Emergency Responders:**

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Send completed form to EH&S: **Email:** [ehsdept@odu.edu](mailto:ehsdept@odu.edu) / **Fax:** 683-6025 / **Campus Mail:** Spong Hall, Suite 2501