



# Use of Hazardous Materials Form

## Sponsored Programs Office

Investigator/Director:	Department:
Program Title:	
Office Telephone Number:	Facsimile Number:
Email Address:	

**PRINCIPAL INVESTIGATORS/PROJECT DIRECTORS WHOSE RESEARCH INVOLVES THE USE OF BIOHAZARDOUS AGENTS, POTENTIALLY TOXIC OR HAZARDOUS CHEMICALS OR DRUGS MUST COMPLETE THIS FORM PRIOR TO SUBMISSION OF PROPOSALS. THE SAFETY AND BIOHAZARDS COMMITTEE MUST REVIEW AND APPROVE THIS REQUEST. BIOHAZARDOUS AGENTS ALSO INCLUDE BACTERIAL PATHOGENS, BACTERIA WITH DRUG RESISTANCE PLASMIDS, RICKETTSIAE, FUNGI, VIRUSES, PARASITES, INFECTIOUS OR POTENTIALLY INFECTIOUS CLINICAL SPECIMENS AND ANY OTHER POTENTIALLY INFECTIOUS OR HAZARDOUS BIOLOGICAL AGENTS.**

**DESCRIPTION OF PROJECT:**

**LIST ANY USE OF HAZARDOUS MATERIALS BELOW:**

IDENTIFY BIOHAZARDOUS AGENTS	IDENTIFY HAZARDOUS CHEMICALS	IDENTIFY DRUGS	IDENTIFY QUANTITY	IDENTIFY STORAGE LOCATION

**THIS INFORMATION I HAVE PROVIDED ABOUT MY RESEARCH IS COMPLETE AND ACCURATE. NO CHANGES WILL BE MADE WITHOUT ADVANCE APPROVAL OF THE CU SAFETY AND BIOHAZARDS COMMITTEE.**

**INVESTIGATOR/DIRECTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FACULTY/ADVISOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPARTMENT CHAIR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIVISION CHAIR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SBC CHAIR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SPO DIRECTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_