



Particularly Hazardous Substance Use Request Form

Before using any particularly hazardous substances (PHSs), please complete this form and email it to ENHS@uark.edu. When the review is complete, you will be informed if the proposed area of use is suitable and requested to complete a laboratory specific Standard Operating Procedure.

Name:

E-mail Address:

Campus Phone:

Department:

Building:

Room:

1. Substance Information

PHS NAME	CAS Number	Specific Manufacture	Estimated Rate of Use (e.g., grams per day/week/month)

2. Procedure: (Briefly described your experience working with the PHS and how the material will be used and the procedures involved.)

3. Containment and Exposure Control: (Describe any procedures, equipment and controls (e.g., chemical fume hood, glove box, respirator) that will be used to limit exposures to the PHS.)

4. Location Used/Designated Area: (Describe the specific location(s) where the PHS(s) will be used.)

A. Building _____

B. Room _____

C. Describe below the area(s) where substance(s) will be used

5. Storage: (Indicate/describe location where/how PHS(s) will be stored.)

Storage will occur in Building _____ and Room _____

refrigerator/freezer

hood

double containment

vented cabinet

flammable liquid storage cabinet

other, describe:

6. Decontamination: (Describe procedures to neutralize the PHS and decontaminate areas where the PHS was used/stored)

7. Wastes: (Describe the types of wastes to be produced from procedures involving use of the PHS)

Principal Investigator/Supervisor

Date