



Particularly Hazardous Substance (PHS) Request

All laboratory workers who use or work with the PHS identified in this request will follow the procedures described in this PHS request.

1. Laboratory Information

Principal Investigator: _____ Email: _____

Designated Representative: _____ Email: _____

Office Phone: _____ Department: _____

Designated Use Area (e.g., building, room): _____

2. Chemical Information

Provide PHS chemical information below. If there are more than three chemicals, see section 13.

Product Name and Synonym: _____

Process and Description: _____

CAS #: _____ Manufacturer: _____

Note: Only pure chemicals will have a CAS #. Products will not have a CAS #.

PHS Classification (Check all that apply): Carcinogenic Explosive / Reactive Mutagen

Reproductive Toxin Toxics and Toxins

Incompatible Materials: _____

Product Name and Synonym: _____

Process and Description: _____

CAS #: _____ Manufacturer: _____

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Incompatible Materials: _____

3. Laboratory Procedures

Provide a **detailed description** of the chemical receipt, chemical storage requirements, and work to be performed (e.g., startup, run, shutdown procedures, length of study, equipment, chemical concentration). If more space is needed, use the continuation sheet on the following page.

Description of Work

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed description of the laboratory work. The box is currently blank.

Description of Work (continued)

A large, empty rectangular box with a thin black border, intended for providing a detailed description of work. The box occupies most of the page below the header.

4. Hazard Controls

Before hazards can be controlled, they must first be identified and evaluated. Provide a detailed description in each of the applicable hazard control sections below to reduce the risk of the hazards identified and evaluated.

Elimination/Substitution (is there a less hazardous chemical that can be used?)

Engineering Controls (e.g., will use a blast shield, will use in a fume hood, will use in a biosafety cabinet)

Hazard Controls (continued)

Administrative Controls (is there a Standard Operating Procedure developed for the procedure or process?)

Personal Protective Equipment (PPE) (describe how PPE (e.g., butyl gloves, face shield, full-face respirator) will be worn)

5. Waste Disposal Procedures

Describe all waste associated with this PHS.

Type of Waste: Radiological Biological Chemical

Waste Disposal Procedures (describe in detail how all waste associated with this PHS will be disposed of)

6. Emergency Procedures

Describe emergency procedures below. Review the Safety Data Sheet for recommended emergency procedure actions.

Eyes (e.g., type of eye wash in your space, flush the eyes with water as a general precaution for 15 minutes)

Ingestion (e.g., never deliver anything by mouth to an unconscious person. Rinse the mouth with water and consult a physician)

Emergency Procedures (continued)

Inhalation (e.g., move person to fresh air. If person is not breathing, call 911 and perform Cardio- Pulmonary Resuscitation (CPR) (if trained), and locate and use the nearest Automated External Defibrillator (AED))

Skin (e.g., rinse the skin thoroughly with soap and plenty of water for 15 minutes and consult a physician)

Other (describe any additional emergency procedures not listed below)

7. Spill and Decontamination Procedures

Do not attempt to clean up a spill if you do not have the ability, resources, or if you perceive the risk to be greater than normal laboratory procedures. Review the Safety Data Sheet for clean-up recommendations.

Chemical Spills (Describe in detail the spill cleanup and decontamination procedures for this PHS)

Submit an Accident Report (on the ENHS website) for all situations involving the following:

- Spills
- Hazardous conditions or near misses
- Accident or injuries

8. PHS Sign in Roster

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9. Additional Chemical Information

Provide PHS chemical information below.

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Process and Description: _____

CAS #: _____ Manufacturer: _____

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