UNIVERSITY OF ARKANSAS

Hazardous Substances Committee

Particularly Hazardous Substance (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 more than four chemicals, submit an additional PHS Request.

Research Process : ____

Chemical Name and Synonym: ____

CAS #: ______________________________ Manufacturer: _______________________________

Chemical added to SciShield Inventory? ☐ Yes ☐ No

SDS On file in SciShield? ☐ Yes ☐ No

Research Process : ____

Chemical Name and Synonym: ____

CAS #: ______________________________ Manufacturer: _______________________________

Chemical added to SciShield Inventory? ☐ Yes ☐ No

SDS On file in SciShield? ☐ Yes ☐ No

Research Process : ____

Chemical Name and Synonym: ____

CAS #: ______________________________ Manufacturer: _______________________________

Chemical added to SciShield Inventory? ☐ Yes ☐ No

SDS On file in SciShield? ☐ Yes ☐ No

Research Process : ____

Chemical Name and Synonym: ____

CAS #: ______________________________ Manufacturer: _______________________________

Chemical added to SciShield Inventory? ☐ Yes ☐ No

SDS On file in SciShield? ☐ Yes ☐ No

3. Hazard Information

Physical Hazard: ☐ Corrosive ☐ Flammable ☐ Combustible ☐ Reactive Chemicals

☐ Toxic/Poison ☐ Special (e.g., bio, water reactive): _____

Chemical Storage Requirements: _____

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

☐ Mutagen ☐ Reproductive Toxin ☐ Acutely/Highly Toxic ☐ Severe Irritant

☐ Sensitizer ☐ Chemotherapeutic agent / Antineoplastic

Toxicology Hazard Summary

Acute Health Exposure Effects (sudden onset lasting a short period):

Chronic Health Exposure Effects (slowly developing and worsening overtime):

4. Laboratory Procedures

Provide a detailed description of the work to be performed including (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

Description of Work (continued)

Use of Sharps ☐ Yes ☐ No

Use of Glass ☐ Yes ☐ No

5. Engineering Controls (Check all that apply)

Engineering Controls (Check all that apply)

☐ Emergency Flushing Equipment (e.g., eyewash, safety shower) _____

☐ Fume Hood (e.g., high-performance, perchloric acid) _____

Additional Engineering Controls (e.g., alarm systems, automatic shutoffs/shutdowns, pressure relief devices)

6. Personal Protective Equipment (Check all that apply)

☐ Eye Protection _____ ☐ Gloves Type _____

☐ Lab Coat Type _____ ☐ Chemical Resistant Apron

☐ Respirator Type _____

Additional Personal Protective Equipment

7. Special Handling Procedures

☐ Avoid contact with the skin and eyes ☐ Avoid the formation of dust and aerosols

☐ Store containers upright ☐ Do not store with incompatible materials

Incompatible Materials

Other Special Handling Procedures

Storage Requirements (e.g., -80°C freezer, flammable cabinet, corrosives cabinet)

8. Emergency Procedures

Describe any emergency procedures below.

If reporting to an emergency room or hospital due to chemical exposure, provide the appropriate Safety Data Sheet (SDS) for the attending physician or health care provider.

Eyes (e.g., 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)

Inhalation (e.g., mover person to fresh air. If person is not breathing, call 911 and perform Cardio- Pulmonary Resuscitation (CPR) (if trained), and locate and use the neared 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

9. 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.

Consult chemical SDS for clean-up recommendations (e.g., not compatible with water, use absorbent materials).

Large Spills or Hazardous Spills: These spills require trained specialist for clean-up. Immediately activate the nearest fire alarm, evacuate the building, and call 911 for spills involving the following:

- An immediate hazard (e.g., fire, explosion, chemical exposure).
- Release of a Particularly Hazardous Substance (PHS) outside of a controlled space.
- Moderate or large-scale chemical spill.
- Fire, or the threat of fire, outside of a controlled space (e.g., fume hood)
- Unknown or highly reactive material.
- Release of a toxic or flammable gas outside of a controlled space.

Provide the 911 dispatcher with the following information:

- Location.
- Class of hazardous materials involved.
- Size of the spill.
- Description of any personal Injury.
- Control measures already taken.
- Your name and phone number.
- How you can be identified when emergency personnel arrive on scene.

Small Spills or Hazardous Spills:

Describe the decontamination and spill cleanup procedures for your PHS in the paragraph below.

Spill Decontamination Procedures Continued:

Continuation of spill cleanup procedures.

Submit an Accident Report for all situations involving the following:

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

10. Waste Disposal Procedures

Describe all waste associated with this SOP.

Biohazardous Waste

Chemical Waste

Sharps

11. Certification and Approval

This PHS request and SOP (just this PHS request if approved as the SOP) will be uploaded to the PI's SciShield laboratory profile (documents tab) and will be reviewed annually or anytime there is a change.

I have provided all information and training necessary for lab workers to properly protect themselves and mitigate hazards associated with this chemical and experimental protocol. *All additional personnel associated with this PHS are required to read and comply with all procedures within this PHS and sign the sign in roster on the following page*.

I certify that this SOP is complete and is approved for use.

Principal Investigator or Designated Representative	Date
Environmental Health and Safety	Date
Hazardous Substance Committee Chair	Date

12. PHS Sign in Roster

Name and Signature	Title	Date
Name and Signature	Title	Date
Name and Signature	Title	Date
Name and Signature	Title	Date
Name and Signature	Title	Date
Name and Signature	Title	Date
Name and Signature	Title	Date
Name and Signature	Title	Date
Name and Signature	Title	Date
Name and Signature	Title	Date
Name and Signature	Title	Date
Name and Signature	Title	Date