

**Project Information**

Principal Investigator

Date

School/Department

Funding Agency or Source

Project Title and Description

 Please indicate the scale of your proposed research. *Check all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Laboratory Research<br>Location of lab (building and room): | <input type="checkbox"/> Data analysis including computer sciences/modeling or<br>applied mathematics |
| <input type="checkbox"/> Pilot or Proof-of-Concept Scale Research                    | <input type="checkbox"/> Bench-top Scale Research   |
| <input type="checkbox"/> Pilot Plant Construction/Operation                          | <input type="checkbox"/> Full-Scale Demonstration   |
| <input type="checkbox"/> Field Research<br>Field Location:                           | <input type="checkbox"/> Other<br>(explain):  |

 Please indicate the hazardous components of your proposed research. *Check all that apply.*
**CHEMICAL**

- Chemical Use/Storage. *List chemicals used in this project including pesticides:*
- I certify that my chemical inventory<sup>j</sup> is up-to-date.

Print Name

Signature

**BIOHAZARD**

- Infectious or Potentially Infectious Materials (*Biosafety Level 2 or 3 Agents*). *Describe:*
- Human or Primate Cells, Tissue, Blood, or Blood Products. *Describe:*
- Recombinant DNA Material (*e.g., plasmids or viral vectors*). *Describe:*
- I certify that I have updated my Biohazardous Use Authorization<sup>ii</sup> for each Biohazard checked above with the IBC.

Print Name

Signature

**RADIOISOPTOPE/RADIATION**

- Use of Radioisotopes or Radiation. *List materials or radiation-producing equipment:*
- I certify that my Radiation Permit<sup>iii</sup> is active and up-to-date.

Print Name

Signature

**OTHER HAZARDS**

- Occupational or environmental impact (*e.g., noise, dust, heat, or cold*)
- Tenant improvement or space modification that may disturb asbestos or lead paint<sup>iv</sup>.
- Import or manufacture a toxic substance (or substances)<sup>v</sup>. *List substance(s):*

Manufacture, purchase, or use of nanomaterials<sup>vi</sup>. *List nanomaterials:*
 Use of Controlled Substances<sup>vi</sup>. *List substances:*
**Administrative Controls**
 My research staff has completed or is currently enrolled in one or both of the following:

- General Lab Safety
- Annual Safety Refresher Training

 My research staff adheres to USC hazardous waste disposal guidelines: <http://tiny.cc/usc-hzwst-disp-gs>

***I certify that all the information provided in this checklist is accurate to the best of my knowledge.***

Name

Signature

Date

**Environmental Health and Safety Use Only**
 Chemical Inventory Account

 IBC Approval

 Radiation Safety Committee Approval

 Department of Homeland Security Chemicals-Of-Interest:

 Highly Toxic Substances or Regulated Carcinogens:

**Comments**
 **Approved**
 **Not Approved**
 **In Progress**

Reviewer

Signature

Date

<sup>i</sup> For information on setting up an account in EHSAssistant, contact [labsafety@usc.edu](mailto:labsafety@usc.edu).

<sup>ii</sup> Contact Biosafety at 323-424-2200, [biosafety@usc.edu](mailto:biosafety@usc.edu), or [ibc@usc.edu](mailto:ibc@usc.edu) with questions regarding BUAs.

<sup>iii</sup> Inquiries regarding radiation use may be directed to Radiation Safety at 323-442-2200 or [radsafety@usc.edu](mailto:radsafety@usc.edu).

<sup>iv</sup> Notify Facilities Management Services Customer Service at 213-740-6833 <http://www.usc.edu/fms>.

<sup>v</sup> Contact [EHS@usc.edu](mailto:EHS@usc.edu) or [hazmat@usc.edu](mailto:hazmat@usc.edu) for more information.

<sup>vi</sup> Inquiries regarding nanomaterials and/or Controlled Substances, contact [labsafety@usc.edu](mailto:labsafety@usc.edu).