

Laboratory Registration Form

Registration Date: _____ Lab Building: _____

Shared Lab Group Name or Neighborhood: _____

Room # (list the room number(s) associated with this lab or shared lab space): _____

Department: _____ Dept. Office: _____ Phone: 227-_____

Please list the responsible parties (Lab PI or Supervisor) for the lab or shared space:

Name (PI, Supervisor)	Office Phone (primary) Required and will be displayed on the door sign	Cell Phone (secondary) Required but will NOT be displayed on the door sign	For a shared laboratory list the space(s) assigned to each responsible PI or Supervisor

Indicate all activities or equipment listed below that are **present in the laboratory**:

<input type="checkbox"/>	Biosafety Level 1 (BSL1) Microorganisms (bacteria, fungi, virus, etc.)
<input type="checkbox"/>	Biosafety Level 2 (BSL 2) Microorganisms (bacteria, fungi, virus, etc.)
<input type="checkbox"/>	Human blood, body fluid, un-fixed tissue, or other potentially infectious human derived materials
<input type="checkbox"/>	Recombinant DNA Research
<input type="checkbox"/>	Live Vertebrate Animals
<input type="checkbox"/>	Store & use hazardous chemicals and generate hazardous waste
<input type="checkbox"/>	Controlled Substance (requiring DEA registration)
<input type="checkbox"/>	Hydrofluoric acid (HF)
<input type="checkbox"/>	Compressed Gas Cylinders
<input type="checkbox"/>	Cryogens
<input type="checkbox"/>	High Pressure Equipment (i.e. autoclave, catalyst reactions, potentially explosive reactions, etc.)
<input type="checkbox"/>	Hazardous machinery requiring safety guards/stops
<input type="checkbox"/>	Radioactive Materials (requiring radiation license)
<input type="checkbox"/>	X-Ray Generating Equipment
<input type="checkbox"/>	Open-Beam Lasers (Class 3B or Class 4)

_____ Indicate if **none of the above** are present in the laboratory.

Chemical Inventory: Submit a current hazardous chemical inventory or provide the last date the online inventory (msds.wcu.edu) was updated: _____