# **Chemical Use Authorization (CUA) Application Review Form**

GENERAL INFORMATION	
Principal Investigator	Laboratory Safety Coordinator
Location of Laboratory (Building/Rooms)	
High Hazard Chemicals Used:	
Rooms High Hazard Chemicals Are Used/Stored In:	
CUA SITE AS	SESSMENT /
I. CHEMICAL-SPECIFIC INFORMATION	
a. What health hazards do the HHCs possess?	
b. What physical hazards do the HHCs possess?	
c. What chemicals are incompatible with the HHCs?	
<b>,</b>	
d. What are the possible routes of exposure to the HHCs?	
e. What phase are the HHCs in?	
e. What phase are the firms in:	
1) If solid, will it be pellets, smaller granules, or fine dust?	
2) If liquid, will an HHC ever be dispersed in a mist form?	
3) If gas, are there specific storage requirements?	
f. What are the vapor pressures of the HHCs at both 20 degrees Celsius ar	nd at the temperature used?
g. What processes are used with the HHCs? Is any special equipment use	d?



h. Will HHC be administered to animals? Yes: No:					
1) If yes, what is the route of administration?					
2) Dosages?					
3) Frequency?					
4) Potential hazardous metabolites?					
5) Biological half-life of HHC?					
6) Length of stay for animals in ASC housing?					
7) Special housing/cages/bedding required?					
i. What quantities are used in experiments?					
j. What quantities of these chemicals are stored in the laboratory, and how long are these HHCs typically kept in the laboratory?					
k. Are there any special storage requirements for the HHCs?					
I. Is there any special equipment used with the HHCs?					
1) If yes, is there any preventative maintenance required for these pieces of equipment?					
m. Are there any specific federal, state, and local regulations for the HHCs?					
II. ADMINISTRATIVE					
a. Are the applicable safety plans and signage available and in place?					
YES NO NA					
Chemical hygiene plan					

YES	NO	NA	
			Chemical hygiene plan
			MSDS sheets for HHC
			Door placarding
			Area usage signage
			Chem–specific emergency response plan
			Other: Specify

b. Does the laboratory have a Chemical Safety Logbook that is up to date? (Review the logbook and verify if the information is up to date. Establish a logbook if the laboratory does not have one).

Yes: No: NA:

Comments:

c. If applicable, have the PI and lab workers completed their appropriate medical clearance and occupational health requirement (e.g., medical clearance, respirator use clearance, etc.)?

Yes: No: NA:

Comments:



d. Are Standard Operating Procedures (SOPs) needed for processes that could potentially cause exposures when handling or manipulating hazardous or potentially hazardous materials?

YES	NO	NA	
			Use of glove box with HHCs
			Use of rotary evaporator
			Use of inert gases with HHCs
			Cannula transfers with HHCs
			Handling OSHA 13 carcinogens
			Mixing HHCs with incompatibles (e.g., solutions of Piranha, Aqua Regia)
			Other:

Comments:

e. Are the names of laboratory workers listed on RIMS complete, accurate, and current?

Yes: No: NA: Comments:

#### **III. PERSONAL PROTECTIVE EQUIPMENT**

a. Is the personal protective equipment (PPE) currently in use appropriate for the agent and work to be performed?

Yes: No: NA

If No, explain what agent or procedures require other PPE:

What other PPE is/are recommended:

Laboratory coats	Safety glasses	Shoe cover
Fire-rated garment	Goggles	Head cover
Disposable gloves	Face shield	Respirator Type:
Other glove Type:	Face mask	Other Type:

b. If applicable, have laboratory personnel completed respirator fit testing?

Yes: No: NA: Comments:

c. Is exposure monitoring recommended or required?

Yes: No: NA:

Comments:

### IV. EQUIPMENT AND ENGINEERING CONTROLS

a. Are appropriate Equipment and Engineering Controls available to prevent potential exposure? (If applicable, check certification or test dates.)

YES	NO	INA		
			Biosafety cabinet Comments:	
			Fume hood Comments:	
			Slot hood Comments:	
			Canopy hood Comments:	
			Glove box Comments:	
			Other:	Comments:



b. Is equipment set up appropriately to prevent potential exposure to hazardous materials (e.g. use of volatile HHCs in fume hood, etc.)?

Yes: No: NA:

Comments:

## V. FACILITY SAFETY AND EMERGENCY EQUIPMENT

a. Are facility and emergency controls available in the facility? (If applicable, check certification or test dates)

YES	NO	NA	
			Handwashing sink Comments:
			Deluge shower Comments:
			Eye wash Comments:
			AED Comments:
			First aid kit Comments:
			Spill kit Comments:
			(The contents of a spill kit must be compatible with the HHC. However, there may be certain HHCs that if ANY spill were to occur the applicable emergency number should be contacted immediately.)
			Class D fire extinguisher Comments:
			Antidote available Comments: (Ex: Calcium Gluconate for HF, Seliginine for MPTP)
			Other: Comments:

### VI. WASTE TREATMENT AND DECONTAMINATION

YES	NO	NA	
			a. Satellite Accumulation Area present
			b. Waste containers compatible with HHC
			c. HHC waste properly segregated
			d. Appropriate secondary containment used
			e. Weekly inspection sign Posted:
			f. If P-Listed, is original container disposed of properly?
			g. Are SOPs for waste disposal required and for which HHC?
			h. If HHCs are administered to animals, are there disposal or decontamination requirements for waste, bedding, and/or cages?
			i. Deactivation methods (for certain HHCs such as toxins)
			i. Fresh 10% dilution of standard household bleach
			ii. Concentrated bleach for liquid waste
			iii. Autoclave
			iv. 70% ethanol/isopropanol
			v. Other (specify):

Other RSS Recommendations:

