



## Laboratory Registration Form

All laboratories must complete the Laboratory Registration Form to ensure:

- Proper assignment of lab space;
- Accurate generation of room signs;
- Access for designated workers to the chemical inventory database;
- Lab emergency contact information is available to response personnel.

Report all laboratory space assigned to the PI (including cold/warm rooms), along with the names, phone numbers (home and office), and mobile or pager number of up to three emergency contacts familiar with the lab operations. Home numbers will be kept confidential unless required by University Police. If a lab space is shared, all PIs using it must be listed.

Save completed form and submit to [ehs.compliance@ucdenver.edu](mailto:ehs.compliance@ucdenver.edu), or print and mail to EHS RSIH at Mailstop F484. For questions, call EHS at 303-724-0345.

Form starts on page 2.

### Principal Investigator Information

PI name:	Mailstop:
Department/Division:	Mobile/Pager:
Home phone:	Office phone:

### Lab Space Registration

Complete for all lab space controlled by PI named above.

Lab Space Number	Room Type (✓)					SAA (✓)	Cold or Warm Room (C, W)	All PIs Using Space	Managing Department
	Alcove	Module	Cold Room	Tissue Repository	Procedure Room				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

### Biosafety Cabinet Registration

EHS Number (if applicable)	Serial Number	Room Number	Date of Last Certification

## Hazardous or Regulated Substances

Chemical inventory (EHS Assistant) reflects accurate quantities and lab locations:  Yes  No

Do any lab staff members require access to the inventory system? Yes, name: \_\_\_\_\_

Date of last inventory update: \_\_\_\_\_

Indicate all materials present. Refer to the EHS [Hazardous Materials Management Plan](#) for explanations.

<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Flammables	<input type="checkbox"/>	Nanomaterials	<input type="checkbox"/>	Radioisotopes ↓	
<input type="checkbox"/>	Combustible metals	<input type="checkbox"/>	Flammable gases	<input type="checkbox"/>	Oxidizers	<input type="checkbox"/>	Volatile	
<input type="checkbox"/>	Corrosives	<input type="checkbox"/>	Formaldehyde	<input type="checkbox"/>	Perchloric acid	<input type="checkbox"/>	Non-volatile	
<input type="checkbox"/>	Cytotoxic drugs	<input type="checkbox"/>	Heavy metals	<input type="checkbox"/>	<a href="#">Peroxide formers</a>	<input type="checkbox"/>	Reactives	
							<input type="checkbox"/>	Toxic gases

OSHA Carcinogens							
<input type="checkbox"/>	Acrylonitrile	<input type="checkbox"/>	Ethylene oxide	<input type="checkbox"/>	2-Acetylaminofluorene	<input type="checkbox"/>	Bis-chloromethyl ether
<input type="checkbox"/>	Benzene	<input type="checkbox"/>	Formaldehyde	<input type="checkbox"/>	Alpha-naphthylamine	<input type="checkbox"/>	3, 3"-Dichlorobenzidine (and its salts)
<input type="checkbox"/>	1, 3-Butadiene	<input type="checkbox"/>	Inorganic arsenic	<input type="checkbox"/>	4-Aminodiphenyl	<input type="checkbox"/>	4-Dimethylaminoazobenzene
<input type="checkbox"/>	Cadmium	<input type="checkbox"/>	Methylene chloride	<input type="checkbox"/>	Benzidine	<input type="checkbox"/>	Ethyleneimine
<input type="checkbox"/>	Chromium (IV)	<input type="checkbox"/>	Methylenedianiline	<input type="checkbox"/>	Beta-naphthylamine	<input type="checkbox"/>	Methyl chloromethyl ether
<input type="checkbox"/>	1, 2-Dibromo-3-Chloropropane	<input type="checkbox"/>	Vinyl chloride	<input type="checkbox"/>	Beta-propiolactone	<input type="checkbox"/>	4-Nitrobiphenyl

## Physical Hazards

Nanoparticles manufactured in lab	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Lasers present	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Location					
Class					
Pyrophoric substances	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
List					

Compressed gases	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
List :					
Ultraviolet Light	<input type="checkbox"/>	BSC	<input type="checkbox"/>	Enclosure	<input type="checkbox"/> Other:
Combustible dust generation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Cryogenics	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Noise	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Vibration	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Describe potential for oxygen deficiency or enriched atmosphere, or other altered/simulated atmospheric condition (including hypo/hyperbaric chambers or simulations):					

### Registration of Biological Materials

Biosafety authorization number:				Approval date:	
Human tissues, organs, cell lines:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Animal tissues, organs, cell lines:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Toxins of biological origin:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, name: <span style="float: right;">Max qty:</span>
Recombinant DNA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Viral vectors	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

### Registration of Regulated Substances

Enter all used in the laboratory.

<a href="#">Drug Enforcement Administration (DEA) Controlled Substances</a>	
Category	Substance Name
Schedule I	
Schedule II/IIN	
Schedule III/IIIN	
Schedule IV	
Schedule V	

<a href="#">Select Agents and Select Agent Toxins</a>		
Agent Name	Quantity	Storage Location

### Registration of Photo Processing Units

Does this laboratory group use a photo processing unit?:  Yes  No

Location: \_\_\_\_\_

### Research Activities

Check all that apply.

Does work in this lab involve:

<input type="checkbox"/>	Use of potentially volatile substances?
<input type="checkbox"/>	Potential for generation of aerosols?
<input type="checkbox"/>	Other substances which pose a potential risk to health or safety?
<input type="checkbox"/>	List substances:
<input type="checkbox"/>	Work with substances requiring use of a BSL3, BSL4, or BSL 2-enhanced?
<input type="checkbox"/>	List substances:
<input type="checkbox"/>	Inhalation dosing of highly toxic or regulated substances (e.g., cannabis, tobacco, warfare agents)?
<input type="checkbox"/>	Use of inhalable anesthetics (in locations other than the Vivarium)?
<input type="checkbox"/>	Use of local exhaust, a venting system, or a ventilated cabinet (other than a standard chemical fume hood)?
<input type="checkbox"/>	Describe:
<input type="checkbox"/>	Use of chemical sensors?

### Registration of Laboratory Employees

List all employees working for this PI.

Last Name	First Name	Employee ID #	Email
			@ucdenver.edu
			@ucdenver.edu
			@ucdenver.edu
			@ucdenver.edu

			@ucdenver.edu
			@ucdenver.edu
			@ucdenver.edu
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			@ucdenver.edu
			@ucdenver.edu
			@ucdenver.edu
			@ucdenver.edu

## Emergency Contact Information

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To be displayed on emergency contact sign posted in the lab space.

- Office/Lab Phone Number will be included on the sign.
- Home/Cell Phone Number will be held in a database for EHS or University Police access only.

Emergency Contact (Last Name, First Name)	Office/Lab Phone Number	Home/Cell Phone Number	Pager

Note: Contact Facilities Management at 303-724-1777 to register lab freezers into the emergency notification system. Facilities also assists with hookup of new tissue culture hoods, and devices to secure gas cylinders.