**Application for the Use of Hazardous Chemicals in**

**OEHS Use Only:**

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| IACUC Protocol #: |
| Approved By: |
| Date: |

**IACUC Protocols (Form 1)**

This form is used to review hazardous chemicals used in IACUC protocols.

For any chemical administered to an animal within your protocol, follow these instructions:

* Check the list of **Chemicals Requiring Review** on the OEHS website. Note that most chemicals routinely used in animal protocols (e.g. non-inhalant anesthetics and euthanasia solutions) are NOT included on this list.
* If the chemicals to be used in the protocol are not identified on the list AND do not meet the criteria described in the list, you do not need to complete this form. Contact OEHS at 801-581-6590 if you are unsure if a chemical in your protocol meets the criteria, or if no data are available for the chemical.
* If you are using a chemical that is meets the criteria described in the list of **Chemicals Requiring Review** complete this form providing the necessary information for each chemical.
* This is a form in two parts – Form 1 collects general information and needs to be completed once only. Form 2 collects specific information on each chemical being used. Form 2 must be completed for each chemical.

Please note: **Every laboratory that uses chemicals is required to have a Chemical Hygiene Plan. Place a copy of the approved application in the SOP Appendix of your laboratory’s Chemical Hygiene Plan.**

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| Contact Information | | | | | | | | | |
| Principal Investigator: |  | | | | | | | | |
| PI Email Address: |  | | | | | | | | |
| Person Completing This Form: |  | | | | Title: | |  | | |
| Email of person completing form: |  | | | | | | | | |
| Protocol Title: |  | | | | | | | | |
| Laboratory Campus Address: | Bldg: |  | | | Room: | | |  | |
| Telephone Number: |  | | | | | | | | |
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| Chemical List | | | | | | | | | |
| Identify all Chemicals Requiring Review which are used in this protocol (add lines as necessary) | | | | | | | | | |
| Chemical Name (no formulas or abbreviations) | | | Vendor | | | Product Number | | | SDS on Hand? |
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**Form 2:** **Chemical-Specific Information**

**Note:** A copy of form 2 must be submitted for each chemical listed on form 1. Chemicals may be grouped together on Form 2 if, and only if, they are similar in structure and have identical associated hazards (e.g grouping PCB such as arochlor 1260, arochlor 1242, and arochlor 1016 would be acceptable). However, they must still be listed individually on Form 1.

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| **Chemical Name:** |

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| **Preparation of the dose** | | | | | | | | | | |
| What will be combined with the chemical to make the dose (food, water, alcohol, etc.)? | | | | | | Used as provided by manufacturer | | | | |
| Will the dose be prepared in a chemical fume hood? | | | | | | Yes | No Explain: | | | |
| **Administration of experimental chemical (injection, topical application, etc.)** | | | | | | | | | | |
| Dose(s): |  | | | Route of administration: | | | |  | | |
| Frequency of dose: | |  | | How many days will the chemical be administered? | | | | | |  |
| **Is the chemical or any hazardous metabolite expected to be released after dosing through any of the following?** (check all that apply) | | | | | | | | | | |
| Urine | Skin | | Expired Air | Feces | Not given in literature | | | | None will be released | |

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| **Personal Protective Equipment (PPE)** | | | | | | | |
| PPE needed for personnel who **prepare** the chemical for dosing (check all that apply): | | | | | | | |
| Gloves | Shoe Covers | Gown | Mask | Safety Goggles | | Respirator \* | Other: |
| If gloves are to be worn, what type:  **Latex is not recommended for all chemical hazards.**  **Please use a glove chart to determine the best glove.** | | | | |  | | |
| PPE needed for personnel who **administer** hazardous chemicals (check all that apply): | | | | | | | |
| Gloves | Shoe Covers | Gown | Mask | Safety Goggles | | Respirator \* | Other: |
| If gloves are to be worn, what type:  **Latex is not recommended for all chemical hazards.**  **Please use a glove chart to determine the best glove.** | | | | |  | | |
| PPE needed for **animal care staff** attending the exposed animals (check all that apply): | | | | | | | |
| Gloves | Shoe Covers | Gown | Mask | Safety Goggles | | Respirator \* | Other: |
| If gloves are to be worn, what type:  **Latex is not recommended for all chemical hazards.**  **Please use a glove chart to determine the best glove.** | | | | |  | | |
| **\*** **Please note:** In order to wear a respirator the person must be medically qualified, fit-tested and trained. Contact OEHS for more information at 581-6590. | | | | | | | |

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| **Animal Housing Considerations** | | | |
| Where will the animals be located **during** exposure? (check all that apply): | | | |
| Standard housing  Bldg:  Room: | Microisolator hoods  Bldg:  Room: | Chemical Fume Hood  Bldg:  Room: | Biosafety Cabinet  Bldg:  Room |
| Animal Care Facility  Bldg:  Room: | In the PI’s lab  Bldg:  Room: | Other: | |
| Where will the animals be housed **after** exposure? | | | |
| Standard housing  Bldg:  Room: | Microisolator hoods  Bldg:  Room: | Chemical Fume Hood  Bldg:  Room: | Biosafety Cabinet  Bldg:  Room: |
| Animal Care Facility  Bldg:  Room: | In the PI’s lab  Bldg:  Room: | Other: | |

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| **Medical Consultation**  Describe the procedures to be followed if an **accidental exposure** to this chemical occurs to personnel (e.g., researchers, animal care staff). | |
| Immediate action: |  |
| Where to take for medical attention: | During normal working hours staff members will seek medical attention at the Occupational Medicine Clinic at Redwood Health Center (1525 West 2100 South, SLC, UT 84119).  If an accident occurs after 8:00pm, staff and students will seek treatment at the emergency rooms at the University Hospital (50 North Medical Drive, SLC 84132). |
| What information should be taken for medical attention: | The MSDS or other references outlining the hazards for the chemical involved and a note from (or contact information for) the Principal Investigator - so medical staff can verify the injury occurred during work activities. |

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| **Emergency Procedures**  Describe the procedures to be followed if a **spill** of the chemical occurs. It is assumed that this will most likely happen when the dose is being prepared or when the dose is being transported to the location of the animal(s). | |
| Location of spill clean-up materials: | Bldg:       Room:       Location Within Room: |
| Procedure to prevent others from being exposed to the spill: |  |
| What PPE should be worn to clean-up spill: |  |
| Spill Clean Up Procedures: |  |
| What should be done with contaminated clean-up materials: |  |
| What should be done if spill is too large to clean-up: | Contact OEHS at 801-581-6590 during regular business hours. After hours, contact University Police at 801-585-2677 and request they page the OEHS On Call. |

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| **Decontamination Procedures** | |
| Describe the procedures for decontaminating surfaces contaminated with the chemical including counters, cages, etc.: |  |

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| **Disposal of contaminated items and chemical** | | |
| Describe the procedures for disposing of contaminated items listed below: | | |
| Carcasses: |  | |
| Bedding: |  | |
| Other items: |  | |
| Describe the procedures for disposing of chemical remaining after doses have been administered: | |  |

**Form 3:** **Chemical Specific Standard Operating Procedures**

Step by step standard operating procedures (SOPs) should be included for each chemical listed on Form 1. SOPs may be created that address a grouping of different chemicals provided that: the procedure is identical for each chemical, and the chemicals for which the procedure applies are listed in the procedure. SOPs must be signed by the principal investigator.