**University of Maryland, Baltimore County**

**Assurance of Use of Hazardous Procedures Form (Instructions)**

**Who has to complete the form?**

Activities involving hazardous materials should receive proper review before commencing. This form, when submitted for review, is used to alert the various entities on campus about potential biosafety or hazardous materials use issues. This will also document who (project staff, trainees, or students) has received training.

Biohazards may include:

* human body fluids, materials and cell cultures
* animals or animal waste materials from animal studies
* recombinant DNA

Other hazardous material may include:

* Caustic or flammables physical agents
* Radiation
* Radioisotopes
* Lasers
* Anesthetic gases
* Heavy Metals

All instructors, project directors and principal investigators who plan to work with bio-hazardous or other hazardous materials must complete this form for review by the office of Environmental Safety and Health, the Office of Sponsored Programs (for research grant/contract submissions) and Office for Research Protections and Compliance..

**How and where do I submit the form?**

Submit this form and a copy of an abstract of the project to:

Office for Research Protections and Compliance

bwtech@UMBC

5523 Research Park Drive, Suite 310

Baltimore, Maryland 21228

and

Environmental Safety and Health

5200 Westland Blvd.  
Baltimore, Maryland 21227

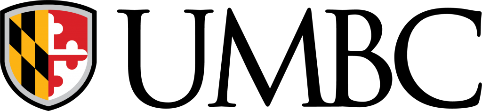
**The Office of Environmental Safety and Health may contact the project director for more information about the use of hazardous procedures described in the application.**

A copy of this form must be attached to the proposal routing form when submitted to the Office of Sponsored Programs for research projects.

**How do I know the project has been reviewed?**

Once the assurance has been reviewed and no problems are noted, an approval letter will be sent summarizing the locations and hazards identified on the form.

Additional information and regulatory links may be found on the UMBC Safety website, [www.umbc.edu/safety](http://www.umbc.edu/safety) and <http://www.umbc.edu/research/ORPC/Biosafetyforms.html>



**Assurance of Use of Hazardous Procedures Form**

Title of Project:

Project Director:

Phone/Email:

Department:

Project Staff:

Name Role

Planned Start Date:

Planned End Date:

**Will this project involve any of the following:**

Yes No

1. Human Blood, Tissue or Cells ……………………………

**Include a copy of the IRB Approval letter**

Please provide a brief description:

2. Animals, Animal Blood, Tissue or Cells …………………………

**Include a copy of the IACUC Approval letter**

Please provide a brief description:

3. Recombinant DNA ……………………………

**Include a copy of the Recombinant DNA Safety Officer Approval letter**

Please provide a brief description:

4. Physical Agents

Caustic or flammables ……………………………

Noise ……………………………

Radiation ……………………………

Radioisotopes ……………………………

Lasers ……………………………

Other       ……………………………

**Radiation Safety Officer Approval Date (if applicable):**

Please provide a brief description:

5. Chemical Agents

Anesthetic gases ……………………………

Heavy Metals ……………………………

Other       ……………………………

6. Material Safety Data Sheets (MSDS) reviewed and when:

<http://www.phac-aspc.gc.ca/msds-ftss/index.html>

**Safety Equipment Available for Use:**

Indicate which safety equipment will be available in the lab. Please indicate the location.

Yes No Room Number(s)

Bio-Safety Cabinet:

Chemical Fume Hood:

Laminar Flow Cabinet:

Fire Extinguisher:

**Active manipulation of the research agent(s) will be conducted on or in:**

Indicate where work will be conducted with specimens or agents. Please indicate the location.

Room Number(s)

Bio-Safety Cabinet:

Chemical Fume Hood:

Laminar Flow Cabinet:

Bench Top:

Centrifuge:

Other

**UMBC On-Line Training**

Indicate if the project staff, trainees, and students have completed the on-line training programs in the following. If not completed yet, indicate when the project director plans for the training and occupational safety review to be completed. Note that training and occupational safety review must occur before or within the stated project period. List all personnel from above in this section.

Lab Safety :

Name: Date taken:       Planned for

Name: Date taken:       Planned for

Name: Date taken:       Planned for

Name: Date taken:       Planned for

Human Research Use (IRB):

Name: Date taken:       Planned for

Name: Date taken:       Planned for

Name: Date taken:       Planned for

Name: Date taken:       Planned for

Animal Care and Use (IACUC):

Name: Date taken:       Planned for

Name: Date taken:       Planned for

Name: Date taken:       Planned for

Name: Date taken:       Planned for

**Occupational Safety Review**

Has the project director discussed the nature of the research

or training being conducted in the laboratory with project staff,

trainees, or students as well as all hazardous components of the

project (including chemical, biological and physical)? Yes  No  Planned for

Has the project director provided instruction to project staff,

trainees, or students on known symptoms and medical conditions

associated with exposure to toxic chemicals or infectious agents

used in the laboratory? Yes  No  Planned for

Has the project director provided instruction to project staff,

trainees, or students for what to do in the event of a splash,

spill or release of an agent: Yes  No  Planned for

Has the project director provided instruction to project

staff, trainees, or students for what to do in the event of a

suspected or known exposure (dermal, aerosol, ingestion

and needlesticks): Yes  No  Planned for

Has the project director reviewed with the project

staff, trainees, or students, the laboratory signage system

as indicated on the door? Yes  No  Planned for

Has hazard information concerning Personal Protective

Equipment, required in laboratory, been reviewed? Yes  No  Planned for

Describe Personal Protective Equipment to be used:

**Assurances**

I certify the information provided is accurate

Project Director\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Department

Department Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date