New/Hazardous Procedure Approval Form

Submitted by: _____
Lab/Room Number _____
Department Name: _____
Department Leader's Name: _____

GENERAL DESCRIPTION OF EXPERIMENT

1. Description of procedure and potential hazards involved (continue on back of form if needed):

2. Hazardous Chemicals Involved:

Can less hazardous or non-hazardous chemicals be substituted?

ACTIONS TO ENSURE SAFE OPERATION

1. List all MSDS's that have been acquired, reviewed and understood:

2. List personal protective equipment needed for experiment:

3. List specific operational items (good safety practices):

SAFETY PROCEDURES REVIEWED AND APPROVED BY

Employee/Student Signature: _____ Date: _____
Supervisor/Advisor Signature: _____ Date: _____
Department Leader Signature: _____ Date: _____