



## LABORATORY INFORMATION FORM

PRINCIPAL INVESTIGATOR or LABORATORY COORDINATOR MUST COMPLETE this form and submit it to Environmental Health & Safety.

Principal Investigator (Research Laboratory) / Laboratory Coordinator (Teaching Laboratory)			
Name			
Title †			
Department / Unit			
Office Room Number			
Office Telephone Number			
E-mail			
Laboratory Contact Person‡			
Name			
Title			
Telephone Number			
E-mail			
Laboratory Information			
<i>List all spaces occupied by research/teaching activities, including storage spaces and common rooms.</i>			
Building			
Room Number	Description of Use §	Chemical Fume Hood	Biological Safety Cabinet
		No <input type="checkbox"/> Yes <input type="checkbox"/> How many?	No <input type="checkbox"/> Yes <input type="checkbox"/> How many?
		No <input type="checkbox"/> Yes <input type="checkbox"/> How many?	No <input type="checkbox"/> Yes <input type="checkbox"/> How many?
		No <input type="checkbox"/> Yes <input type="checkbox"/> How many?	No <input type="checkbox"/> Yes <input type="checkbox"/> How many?
		No <input type="checkbox"/> Yes <input type="checkbox"/> How many?	No <input type="checkbox"/> Yes <input type="checkbox"/> How many?
		No <input type="checkbox"/> Yes <input type="checkbox"/> How many?	No <input type="checkbox"/> Yes <input type="checkbox"/> How many?
		No <input type="checkbox"/> Yes <input type="checkbox"/> How many?	No <input type="checkbox"/> Yes <input type="checkbox"/> How many?
Name of Previous Owner(s):			

† Examples: Professor, Associate Professor, Director, Chair, Research Assistant, etc.

‡ Individual in charge of the daily operations, including overseeing safety.

§ Examples: Research Lab, Teaching Lab, Research Lab Support Space, Storage Space, Equipment Room (centrifuges, refrigerators, etc.), Tissue Culture Room, Common Room, etc.