

Laboratory Pre-Design Safety Questionnaire

Please answer the following questions to the best of your ability. This information will be used to facilitate the design requirements for your laboratory and allow for further discussions with EHS if clarification is necessary.

Completed forms should be emailed to the Beth Mathisen at bethmath@bu.edu, along with the Hazardous Materials/Equipment Survey Form

| | |
|----------------------------------------------------------------------------|--------------------------------|
| Principal Investigator: | Contact Phone #: |
| E-mail: | |
| Alternate Lab contact who can answer more detailed questions if necessary: | Alternate Lab Contact Phone #: |
| Alternate Lab Contact e-mail: | |
| Laboratory Name: | |
| Address: | |
| Lab Room Number(s): | Department: |
| Please outline the nature of your research: | |

Please provide a brief summary of your laboratory facilities including any shared equipment that may be used by the researchers in your lab

| |
|--|
| |
|--|

A) Chemical Use

1) Complete the attached Hazardous Materials Survey. Please provide a complete inventory of chemicals that will be used in this laboratory. **Please include the concentration of each chemical in addition to the quantity.**

Note: chemicals that may be used in the future should be noted on this inventory as “possible future use”.

2) Will any liquid-form silanes be used? Yes ☐ No ☐

If yes, please indicate how liquid-form silanes are being used in the lab:

3) Will this lab be using chemicals formerly used in another laboratory? Yes ☐ No ☐

If yes, please indicate where these chemicals are coming from and what chemicals:

4) Will any highly toxic chemicals, be used? Yes ☐ No ☐

If yes, please indicate what chemicals are being used in the lab:

5) If using any highly toxic chemicals, have less toxic materials been considered?

Yes ☐ No ☐

B) Provide a list of all laboratory equipment that will be used in the attached Equipment Inventory List. Include equipment such as: Chemical Fume Hoods, Bio-Safety Cabinets, Laminar Flow Hoods, Refrigerators, Freezers, Ovens, Machinery, etc.

C) Will animals be used in this laboratory? Yes ☐ No ☐

If yes, please indicate what animals will be used in the lab:

D) Will Bio-Hazardous Materials be used or generated? Yes ☐ No ☐

If yes, please indicate what specifically is being used in the lab:

E) Will any human-source material (including cell lines and rDNA) be used? Yes ☐ No ☐

If yes, please indicate what specifically is being used in the lab:

F) Will any [select agents](#) be used? Yes ☐ No ☐

If yes, please indicate what select agents are being used in the lab:

G) Will lasers be used in this lab? Yes ☐ No ☐

Please indicate the quantity of lasers for each laser class (indicate all that apply)

Class 1 Class 2 Class 3a Class 3b Class 4

H) Will X-Ray generating devices be used in this lab? Yes ☐ No ☐

If yes, please indicate what devices are being used in the lab:

I) Will any controlled substances be used in this lab? Yes ☐ No ☐

If yes, please indicate what substances are being used in the lab:

J) Will any radio-nuclides be used in this lab? Yes ☐ No ☐

If yes, please indicate what materials are being used in the lab:

Also, check which radio-nuclides will be used:

^{32}P ☐ ^{35}S ☐ ^{14}C ☐ ^3H ☐ ^{125}I ☐ Other (please specify):

K) Will any compressed gases be used in this laboratory? Yes ☐ No ☐

If yes, please indicate what materials are being used in the lab and if any of these gases are high pressure (please indicate the pressure in psi):

L) Will any of the following gases be used? Yes ☐ No ☐

(Please check all that apply):

| | | |
|------------------------------------------------|--------------------------------------------|--------------------------------------------|
| Arsine <input type="checkbox"/> | Boron tribromide <input type="checkbox"/> | Boron trifluoride <input type="checkbox"/> |
| Bromine <input type="checkbox"/> | Chlorine <input type="checkbox"/> | Fluorine <input type="checkbox"/> |
| Hydrogen bromide <input type="checkbox"/> | Hydrogen chloride <input type="checkbox"/> | Hydrogen cyanide <input type="checkbox"/> |
| Hydrogen fluoride <input type="checkbox"/> | Hydrogen peroxide <input type="checkbox"/> | Methylamine <input type="checkbox"/> |
| Ozone <input type="checkbox"/> | Phosgene <input type="checkbox"/> | Phosphine <input type="checkbox"/> |
| Silicon Tetrachloride <input type="checkbox"/> | | |

M) Will any cryogenic gases be used in this laboratory? Yes ☐ No ☐

If yes, please indicate what materials are being used in the lab:

N) Will there be a cold room in this laboratory? Yes ☐ No ☐

O) Will recombinant moieties be used? Yes ☐ No ☐

If yes, please indicate what materials are being used in the lab: