

## Application for Laboratory "Chemical-Free Area" Designation

<b>1. Applicant</b>		
Last Name	First Name	Office Phone
Email	Lab Phone	
<b>2. Location</b>		
Department:	Building:	
Room Number:		
<b>3. What is the building and room number of the nearest existing breakroom?</b>		
<b>4. EH&amp;S Approval for Chemical-free Area designation applies ONLY to the applicant named and specifically to the laboratory space described herein. Chemical-free Area designations must be renewed every three (3) years.</b>		
This is a <input type="checkbox"/> new application, <input type="checkbox"/> renewal application		
<b>5. Is this a shared laboratory space with no primary responsible PI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6. New Site-Specific Training for all students must be completed in <a href="#">CEMS</a>. The new training must include specific training on the Chemical Free Area and Hazard Areas.</b>		
<b>7. Date the last physical inventory of the laboratory was conducted in the CEMS system:</b> _____ <i>(Must have been completed within the previous 30 days)</i>		
<b>8. Hazard(s) Identification</b> <i>Indicate all hazards present in the lab where Chemical-free Area designation is requested. Radioactive Material, BSL-2, Animal, and laboratories where OSHA regulated carcinogens are used/stored are not eligible for Chemical-free Area designation.)</i>		
Chemical Hazards		
Physical - please describe: (i.e. electrical, laser, x-ray, compressed gases)		
<i><b>CEMS must be current, accurate, and a physical inventory has been conducted within the last 30 days .</b></i>		
<b>9. Justification</b> Provide justification for establishing a Chemical-free Area within this laboratory space.		
<b>10. Hazard Assessment</b> The following items must be identified:		



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**A.** Chemical hazards and/or activities that could result in exposure.

**B.** Describe exposure routes, and the probable consequences of exposure to the hazardous materials.

**C.** List safety equipment present, engineering controls, and/or facility safeguards that will minimize potential for exposures in both working and designated chemical-free areas:

**D.** Describe appropriate training, practices, and/or protocols conducted to reduce potential exposures:

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### 11. Chemical-free Area Location

If present, the Chemical-free Area should be located in a separate room/anteroom with a door. If a separate room is not present, the laboratory must have ample space available to provide sufficient separation from laboratory work areas where active use/storage of the biological/chemical/physical hazards is taking place. The room shall be large enough with adequate counter/desk space to provide complete physical separation of the food area and laboratory use area. Adequacy of sufficient separation will be determined by EH&S staff during their hazard assessment and facility inspection.

**Attach a sketch of the laboratory where the "Chemical-free Area" designation is requested. Identify the following:**

- building
- floor
- room
- biological hazard/chemical material storage area
- biological/chemical hazard waste storage/treatment areas
- biological/chemical/physical hazard working areas
- all sink locations
- engineering controls (biological safety cabinet/fume hood locations)
- proposed chemical-free area location boundary
- physical hazard locations, and
- other pertinent instruments or devices, etc.

### 12. Attach documentation of approval from Facilities Management or provide the work order number showing that you have requested approval, for the use of small appliances (microwaves, coffee makers, etc.) for food preparation in the room/facility per CO-CS-PO-01 "High-Current Small Appliance Request".

### 13. Request for Application Pre-review and Facility Inspection

My signature below attests to the accuracy of the information described in this request and its attachments. I request that EH&S conduct a pre-review of this application and contact me to perform a facility inspection.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair and/or Dean

\_\_\_\_\_  
Date

### 14. EH&S Review

Application Pre-review/ Performed Facility Inspection

Review Completed Application and Facility Inspection:

\_\_\_\_\_  
EH&S Safety Specialist Representative Signature & Date

\_\_\_\_\_  
EH&S Assistant Director Representative Signature & Date

### 15. EH&S Approval

Application, ☐ **APPROVED** ☐ **DISAPPROVED** (*check one*)

\_\_\_\_\_  
Director of Environmental Health & Safety

\_\_\_\_\_  
Date

### 16. Vice President APPROVALS:

\_\_\_\_\_  
VP of Administration & Economic Development

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP of Research

\_\_\_\_\_  
Date