



**Application for Laboratory "Chemical-Free Area" Designation**  
(Note: Hand-written applications are NOT acceptable.)

<b>1. Applicant</b>		
Last Name	First Name	Office Phone
Email	Lab Phone	
<b>2. Location</b>		
Department:	Building:	
Room Number:	Box #:	
<b>3. What is the building and room number of the nearest existing breakroom?</b>		
<b>4. Is this a shared laboratory space with no primary responsible PI?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5. Date the last physical inventory of the laboratory was conducted in the CEMS system:</b> _____ (must be within the previous 3 months )		
<b>6. Hazard(s) Identification</b> (Check 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.)		
<input type="checkbox"/> Chemical	<input type="checkbox"/> BSL-1	
<input type="checkbox"/> 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 3 months.</b></i>		
<b>7. Justification</b> Provide justification for establishing a Chemical-free Area within this laboratory space.		
<b>8. Hazard Assessment</b> The following items must be identified:		
<b>A.</b> Chemical hazards and/or activities that could result in exposure.		
<b>B.</b> Describe exposure routes, and the probable consequences of exposure to the hazardous chemicals or biological agents:		
<b>C.</b> List safety equipment present, engineering controls, and/or facility safeguards that will minimize potential for exposures in both working and designated chemical-free areas:		
<b>D.</b> Describe appropriate training, practices, and/or protocols conducted to reduce potential exposures:		

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

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**9. 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.

**10. 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 HOP 5-310.**

**11. 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

**12. EH&S Review**

Application Pre-review

Facility Inspection Performed:

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

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

**13. EH&S Approval**

Application **APPROVED** / **DISAPPROVED** (circle one)

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

\_\_\_\_\_  
Date

**EH&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.**

**14. Vice President APPROVALS:**

\_\_\_\_\_  
VP of Administration & Campus Operations

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date