

COSMIC new user / new project safety requirement form

User: Supervisor (signed):

Project:

Date: Risk assessment forms provided? YES / NO

| <u>Type of experimental work:</u> | (please circle) | (specify if yes) | Risk Associated |
|---|-----------------|-------------------------|---------------------------------|
| Biological | YES / NO | ..... | High / Med / Low |
| Genetically modified organisms* <small>*(if yes risk assessment forms are mandatory)</small> | YES / NO | ..... | High / Med / Low |
| Clinical | YES / NO | ..... | High / Med / Low |
| Pathogen | YES / NO | ..... | High / Med / Low |
| Hazardous Chemicals | YES / NO | ..... ..... ..... | High / Med / Low |
| Lasers (Visible / IR?) <small># (aligners work with open laser path)</small> | YES / NO | ..... | “user” / “aligner” [#] |
| <u>Prep room type requirement:</u> | | | |
| Biological (state nature) | YES / NO | ..... ..... |  |
| Lab containment level requirement |  | ..... | 1 / 2 / 3 |
| General | YES / NO | ..... ..... |  |
| <u>Waste Disposal:</u> | | | |
| Any special safety requirements? | YES / NO | ..... | High / Med / Low |
| <u>Requirements for storage:</u> | | | |
| Do you require storage space/why? | | | |
| Biological material (culture?) | YES / NO | ..... ..... | High / Med / Low |
| Chemicals (list separately if req ^d) | YES / NO | ..... ..... | High / Med / Low |
| Extra equipment (large/hazardous items) | YES / NO | ..... |  |

****Where risks have been identified appropriate risk assessment forms should be provided****

COSMIC new user / new project safety requirement form (additional info)

Please use a new sheet for different item / class of items

Other Special requirements?

(please circle)

YES / NO

(specify if yes)

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Risk Associated

High / Med / Low

DETAILS:

****Where risks have been identified appropriate risk assessment forms should be provided****