

**REGISTRATION OF RESEARCH
WITH CARCINOGENIC, HIGHLY
TOXIC AND HAZARDOUS
CHEMICALS**

OSEH REG# _____
DATE _____
ACTION _____

DO NOT WRITE IN ABOVE SPACE

1. Principal Investigator _____
Academic Title _____ Social Security No. _____
2. Department _____ Division _____
3. Addresses: Office _____ Lab _____ Telephone # _____
4. List of carcinogenic, mutagenic, highly toxic or hazardous chemicals used routinely for this project. Please include the Chemical Abstract Service Number (CAS) #.

Chemical Name	CAS Number	Chemical Name	CAS Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Chemicals are carcinogenic, mutagenic, highly toxic, or hazardous if they fit any of the criteria, listed below:

- Known or suspect human carcinogen as defined by ACGIH (list available from HSE).
- Chemicals with an immediate dangerous to life or health value (IDLH) of 5 ppm or less, as published by NIOSH (list available from HSE).
- Known mutagen or teratogen.
- Chemical with an LD₅₀ of 50ml/kg or less when given to albino rats.
- Chemical with an LD₅₀ of 200mg/kg or less when administered by continuous contact for 24 hr. to the bare skin of albino rabbits.
- Chemical with an LC₅₀ in air of 200 ppm or less of gas or vapor, or 2mg/liter or less of dust, mist, or fume when administered by continuous inhalation to albino rats.

6. Please list all professional personnel, employees and students involved in the project who will come into contact with these materials:

Name	Mailing Address	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Please attach a brief overview of the procedures for safe use of each chemical. Please include information such as:

- a) The purpose of the research;
- b) An assessment of risks to personnel working with the chemical;
- c) Specifically describe the safe practices, equipment, and facilities that will be used to protect personnel from exposure to the chemical; (see Laboratory Hazard Assessment)
- d) Specifically describe methods of inactivation or disposal of the chemical or contaminated materials.

8. I accept responsibility for the safe conduct of work with this material. I will inform all personnel of the hazards associated with this work and the level of containment required to perform this research safely.

Principal Investigator _____ Date _____
Signature

RETURN TO:
Environmental Health Officer
Office of Health, Safety and Environment
2024 E. Monument Street (SOM)
Room B-200
Baltimore, MD 21205-2223