

Experimental Review and Process Safety

Researcher:
PI:
Process Name:

Experiment Objective:
Experiment Run Time: <input type="checkbox"/> Continuous <input type="checkbox"/> Limited Time: select unit
List Procedural Steps: 1.
Design Specifications: Tubing Type: Metal Alloy Type: Storage Vessel Type:
Emergency Shutdown Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe process:

Chemical Hazards:
List Chemicals (indicate if major/minor component): 1.
Select Chemical Hazards: <input type="checkbox"/> Flammable <input type="checkbox"/> Pyrophoric or Water-Reactive <input type="checkbox"/> Toxic <input type="checkbox"/> Environmental hazard <input type="checkbox"/> Reactive <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant
Select Potential Routes of Exposure: <input type="checkbox"/> Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Injection <input type="checkbox"/> Ingestion
Engineering Controls: <input type="checkbox"/> Chemical Fume Hood <input type="checkbox"/> Glovebox <input type="checkbox"/> Snorkel <input type="checkbox"/> Other, please specify:
Special Handling, Transferring, and Storage Requirements: 1.

Physical Hazards:
Select Physical Hazards: <input type="checkbox"/> Electrical: <input type="checkbox"/> High Voltage <input type="checkbox"/> High Current <input type="checkbox"/> Exposed Wiring <input type="checkbox"/> Home-built electrical components <input type="checkbox"/> Noise, please specify source: <input type="checkbox"/> Gas Cylinders <input type="checkbox"/> Temperature, please specify: <input type="checkbox"/> Pressure: <input type="checkbox"/> Vacuum <input type="checkbox"/> Gas Flow, please specify pressure: <input type="checkbox"/> Vibration, please specify source: <input type="checkbox"/> Machinery/Moving Parts, please specify:
System Design: <input type="checkbox"/> Open System <input type="checkbox"/> Closed System If closed, is there a pressure relief valve? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Personal Protective Equipment:

Select all that apply: Protective Clothing:

- Lab Coat, please specify type:
- Chemical-Resistant Apron Arm Sleeves

Eye and Face Protection:

- Safety Goggles Safety Glasses Face Shield

Hand Protection:

- Disposable Gloves, please specify type:
- Reusable Gloves, please specify type:
- Work Gloves Cryo Gloves Cut-Resistant Gloves

Hearing Protection:

- Ear Plugs Ear Muffs
- Enrolled in the EHS Hearing Conservation Program

Respiratory Protection:

- Air-Purifying Respirator, please specify type:
- Atmosphere-Supplying Respirator, please specify type:
- Enrolled in the EHS Respiratory Protection Program

Head Protection:

- Hard Hat: Type I Type II
- Bump Cap

Protective Footwear:

- Metatarsal Guards Toe Guards Safety Shoes
- Electrically Conductive Shoes Non-Conductive Shoes

Chemical, Biological, Radiological Waste Disposal Practices:

1.

Safety Resources:

1.