

**University Animal Care Committee (UACC)**

**Animal Research Ethics Board (AREB)**

**Appendix A - Hazardous Materials Form**

**Post this form in the room where animals are housed (if applicable).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AUP # (if known)** |  | **Date (mm/dd/yyyy)** | | | Select |
| **Revision Number** |  | **Edited by ACRS** | | | |
| **Permit Number(s)** |  | | | | |
| **Building** |  | | **Floor/Room Number(s)** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principle Investigator:** | | Last name | | First Name |
| **Laboratory Phone** |  | | **After Hours Phone** |  |

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| --- |
| **Section 1 - Characteristics of the Hazardous Material:** |

1. **Identify the hazardous material.**

**Note - Safety Resources approval is required.** Animal Care and Research Support (ACRS) will coordinate this review.

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1. **Hazardous for:**

|  |  |  |
| --- | --- | --- |
| Humans only | Both Humans and Animals |  |
| Animals only | Single species only - Spp. Name: |  |

1. **Describe any potential health risks and symptoms associated with this material.** (Refer to PSDS if applicable)

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1. **Check all routes of exposure:**

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| --- | --- | --- | --- |
| Ingestion | | Mucous Membrane Contact | Inoculation (e.g. needle stick, animal bite/scratch) |
| Inhalation | | Direct Skin Contact | Other routes – Please describe here: |
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| **Section 2 – Safety Mitigation Controls:** |

1. **Engineering Controls:**

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| --- | --- | --- |
| **Chemical Fume Hood** | **Biological Safety Cabinet** | Other controls – Please describe here: |

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1. **Personal Protective Equipment:**

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| --- | --- | --- |
| **Standard PPE** | **Additional PPE** | **Respiratory Protection** |
| Closed-toe/heel shoes | Disposable booties | Disposable medical/surgical mask |
| Gloves | Face shield | N-95 respirator |
| Safety glasses | Solid front gown | Half/full-face respirator |
| Lab coat | Disposable coveralls | Powered Air Purifying Respirator (PAPR) |
| Dedicated coveralls/scrubs | Dedicated boots/shoes |  |

**Other PPE (not identified above) – Please describe here:**

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1. **Disinfection and Decontamination:**

**State which disinfectants will be used, including concentrations and contact times.** Please identify which disinfectants will be used to decontaminate tools, equipment, cages/rooms, etc.:

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1. **Waste Disposal:**
2. **Describe solid waste disposal method(s):**

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1. **Describe liquid waste disposal method(s):**

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**Important: Refer to the** [**Safety Resources Hazardous Waste Disposal Standard**](https://usaskca1.sharepoint.com/sites/srdl/SitePages/Hazardous-Waste-Disposal.aspx) **and if you have any questions, contact** [**biosafety@usask.ca**](mailto:biosafety@usask.ca)**.**

1. **Describe the exposure response plan for this material:**

|  |
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1. **Describe any other actions taken to minimize risk:**

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**Important: Please fill out this form for each hazardous material that requires different safety mitigation controls to prevent occupational exposures to animal users or animal care staff. Attach the Hazardous Materials Form(s) with the submitted AUP (**[**uacc.office@usask.ca**](mailto:uacc.office@usask.ca)**). Save the form with the name of hazardous materials (e.g. Hazardous Materials – \*name\*).**