

University of Central Florida
Office of Research (OOR)

SPECIAL HAZARDS INFORMATION FORM

Information requested on this form must be completed by the Principal Investigator if any of the special hazards listed below are involved in the project.
(This form will be referred to the office of Environmental Health and Safety for review and approval. Please attach it to the completed OOR Proposal Transmittal Form.)

Principal Investigator: _____
Department: _____
E-mail: _____
Telephone: _____ **Fax:** _____
Project Title: _____

Agency: _____

Special Hazards involved in this project are the following:

- Acute toxins
 - Animal carcasses
 - Blood, blood products, or human tissue
 - Chemical Agents
 - Controlled substances/drugs - please list: _____
 - Hazardous chemicals - please indicate hazard(s):
toxic reactive corrosive explosive carcinogenic
 - Hazardous waste (this may or may not be generated from the above chemicals)
 - Human or animal pathogens - please list: _____
 - Materials of animal origin
 - Medical or biological waste (this may or may not be generated from the above materials)
 - Non-ionizing radiation (Laser, microwave, UV or other)
 - Pathogenic microorganism: Human Animal
 - Radiation producing machines
 - Radioactive material - please list: _____
 - Radioactive waste (this may or may not be generated from above isotopes)
 - Recombinant DNA/RNA
 - Regulated bioagents
 - Tax-free alcohol
 - Other - please list:
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Describe the materials to be used:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Describe the method to be used to transport the above listed materials:

Describe the method to be used for the disposal of such materials:

Signature - Principal Investigator

Date