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**P.I., PLEASE FILL OUT COMPLETELY**

**Principal Investigator Name:**

**Room Number:**

**Biosafety Level:**

**Biohazard Agent or Biohazardous Materials:**

**Required PPE:**

**Radiation:**

**Compressed Gasses:**

Flammable/Non-Flammable

Number of Cylinders of Each

**Flammable Materials:**

**Corrosives:**

**Reactives:**

**Toxins:**

**Carcinogens:**

**Teratogens:**

**Mutagens:**

**Lasers:**

**Laboratory Animals:**

**Other Hazards:**

**Primary Emergency Contact Name and Phone Numbers:**

**Secondary Emergency Contact Name and Phone Numbers:**