



Protocol Evaluation Form

Date Received: _____

CSC Protocol Number: _____

Section 1 - Applicant Data

Project Name: _____

Principal Investigator: _____

Department: _____

Office Phone: _____

Other Committee Approvals:

Section 2 - Identification of Chemical Agent

Chemical Agents:

Quantity Use:

Number of Procedures:

Storage Quantities and Location:

Location Where Work is to be Conducted (Building/Room Number):

Laboratory Phone Number: _____

Section 3 - Personnel Involved in Study and Experience Working with Chemical Agents / Experience with the specific agent under review

1. _____

Experience: _____

2. _____

Experience: _____

3. _____

Experience: _____

Section 4 - Experimental Description (Include procedural aspects regarding chemical usage):

Methods: _____

Section 5 – Chemical / Industrial Hygiene Related Information

Physical Properties:

Classification:

Toxicology:

Routes of Exposure:

Other Precautions:

Exposure Limits:

Monitoring Requirements:

Section 6 - Hazard Controls

Engineering/Administrative Controls:

Personal Protective Equipment:

Section 7- Hazardous Waste Disposal

Identify method of waste disposal:

Hazardous waste code:

Has source substitution been investigated?
