

HAZARD NOTIFICATION

Building: _____ Room: _____ Date: _____

PI or Designee: _____

Detailed description of the job to be done or the repair required:

Hazards in the immediate work area and the surrounding area, as appropriate (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Corrosives | <input type="checkbox"/> Flammable | <input type="checkbox"/> Laser |
| <input type="checkbox"/> Mercury | <input type="checkbox"/> Toxic | <input type="checkbox"/> Pressurized Gas |
| <input type="checkbox"/> Carcinogen | <input type="checkbox"/> Radiation | <input type="checkbox"/> Biohazard or Animal Housing |
| <input type="checkbox"/> High Temperatures | <input type="checkbox"/> High Pressures | <input type="checkbox"/> High Voltage |
| <input type="checkbox"/> Mechanical Energy | <input type="checkbox"/> Oxidizers or Reactives | <input type="checkbox"/> Apparatus under Vacuum |

Describe any hazards that may be present:

Describe any odors of materials that may be present:

Action taken to clean and decontaminate the work site:

Personal Protective Equipment required by non-lab personnel:

PI or Designee's Signature

Date

To the best of my knowledge, the area around which the work will be done has been cleaned and any hazards removed.