

## **MEDICAL COLLEGE OF GEORGIA INSTITUTION CHEMICAL SAFETY COMMITTEE APPLICATION FOR APPROVAL FOR THE USE OF CHEMICALS IN LABORATORIES**

### **Purpose:**

Federal and Georgia EPA have begun vigorously auditing universities and colleges. Many have received substantial fines as a result of improper management of chemicals and poor laboratory safety practices. In response, the MCG Chemical Safety Committee has developed a Principal Investigator Authorization Program to meet these requirements and facilitate research. All Principal Investigators (PI's) who use chemicals in MCG Laboratories are required to submit an Application for The Use of Chemicals in Laboratories. Following review and approval of the application PI's will be given an Authorization Memorandum and Authorization Number. The Authorization Number is required for submission of the Office of Grants and Contracts Extramural Grant/Contract Routing Form. Application Materials and Information are available at [www.mcg.edu/Services/ehs/chemsafe/chemsafe.htm](http://www.mcg.edu/Services/ehs/chemsafe/chemsafe.htm).

### **Procedures:**

In order to obtain ICC approval to use chemicals in laboratories, PI's are required to:

1. Complete the attached "Application for the Use of Chemicals in Laboratories."
2. Provide the Chemical Safety Office with an updated and accurate chemical inventory for all laboratories under their control or use. A separate inventory must be completed for each laboratory, i.e., laboratory room. This includes chemicals in "common use" labs that are used by the PI and his or her staff. Please exclude chemicals not used in research, e.g., cleaning chemicals, chemicals found in kits, and enzymes. A blank inventory form is attached.
3. Complete and sign the attached "Memorandum of Understanding and Agreement for the Use of Chemicals".
4. After completing the above please contact the Chemical Safety Officer at 1-2591. The Chemical Safety Officer will review the documents, and perform a health and safety audit of laboratory(s) under the supervision and/or use of the PI. The ICC will review the application materials and the audit report to determine if the PI and his or her lab(s) meet minimum health and safety standards established by the Committee. Authorization is granted by the ICC if minimum standards are met.

### **Use of High Hazard Chemicals:**

The Chemical Safety Committee has established additional requirements for the use of chemicals listed on the MCG List of High Hazard Chemicals. Please review the information contained in the "Purpose" and "Instructions" portions of the Application for the Use of High Hazard Chemicals before submitting a Grant and Contract Application (Extramural Grant/Contract Agreement Routing Form). The High Hazard Chemical List and Application to Use High Hazard Chemicals are located at [www.mcg.edu/Services/ehs/chemsafe.html](http://www.mcg.edu/Services/ehs/chemsafe.html) or are available from the Chemical Safety Office at 1-2663.

**INSTITUTION CHEMICAL SAFETY COMMITTEE**

**APPLICATION FOR THE USE OF HAZARDOUS CHEMICALS IN LABORATORIES**

1. **Principal Investigator (PI)** \_\_\_\_\_

2. **Department** \_\_\_\_\_

3. **Procedures Used (Please check all that apply)**

**RNA and DNA Isolation and Characterization**

**Protein Isolation and Characterization**

**Protein Precipitation**

**Monoclonal Antibody Production**

**Lipid Extraction**

**Chemical Synthesis**

**Cell Culture**

**Histological Procedures**

**Other Procedures not Listed Above (Specify)**

4. **Room Number(s) where chemicals used:** \_\_\_\_\_

5. **Room Number(s) where chemicals stored:** \_\_\_\_\_

6. **Chemical Fume Hood (Room Number/Date of Last Certification)**

**Chemical Protective Clothing (check items on hand)**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Eyewash                          | <input type="checkbox"/> Gloves                    | <input type="checkbox"/> Eye Protection       | <input type="checkbox"/> Labcoat                |
| <input type="checkbox"/> First Aid Kit                    | <input type="checkbox"/> Safety Shower(s)          | <input type="checkbox"/> Fire Extinguisher(s) | <input type="checkbox"/> Spill Control Material |
| <input type="checkbox"/> Flammable Liquid Storage Cabinet | <input type="checkbox"/> Other Protective Clothing |   |   |

**7. Liquid Nitrogen/Cryogenic Liquid Use:**

Yes  (complete items 7a. - 7d. below)

No  (Go to item 8)

- a. Room Number: \_\_\_\_\_
- b. Liquid Nitrogen Dewar(s):  
Number of Dewars \_\_\_\_\_ Room Number(s) \_\_\_\_\_
- c. Where is Liquid Nitrogen obtained for refilling of Dewar(s)? \_\_\_\_\_
- d. Required Cryogenic Liquid Protective Clothing (check items on hand)

**Chemical Protective Clothing (check items on hand)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/><br>Liquid Proof Shoe<br>Covers/Spats | <input type="checkbox"/><br>Laboratory Face Shield<br>(Full Face)/Chemical<br>Splash Protective Goggles | <input type="checkbox"/> Cryogenic<br>Gloves |
|---|---|--|



P.I. Name: \_\_\_\_\_ Laboratory Room(s): \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**Email:** \_\_\_\_\_

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*I agree to abide by all regulations and current university policies pertaining to the use, storage, transfer, shipment, and disposal of chemicals. I have read and will abide with all the provisions of the MCG Chemical Safety Guide and the recommendations of the Institution Chemical Safety Committee (ICC). I understand that failure to follow the above may result in review by the ICC and possible revocation of my authorization to use chemicals in MCG laboratories. I understand that my authorization will be for an indefinite period with a review annually or at such time as the Chairman, or Acting Chairman, ICC deems appropriate. I also understand that I must inform the Chemical Safety Officer of changes in laboratory operations, procedures, or chemical usage not covered in my original application.*

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P.I. Signature

Date

The MCG Environmental Health and Safety Division & Chemical Safety Officer has reviewed the Application for the Use of Hazardous Chemicals and conducted an audit of all laboratory(s) under the control or use of the PI. The PI meets all requirements of for safe and healthful use of chemicals.

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Chemical Safety Officer Signature

Date

The PI named above is granted approval to conduct research using chemicals.

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Chairman, ICC

Date

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Effective Date of Approval

PI ICC Authorization Number