

S.O.P. HAZARD ASSESSMENT LABEL FOR LAB NOTEBOOK	
HAVE YOU REVIEWED ALL CHEMICAL SAFETY INFORMATION FOR THE PROCESS/REACTION? <input type="checkbox"/>	
Chemical Hazards: <input type="checkbox"/> Inhalation <input type="checkbox"/> Water Reactive <input type="checkbox"/> Cryogenic <input type="checkbox"/> Toxic <input type="checkbox"/> Fire <input type="checkbox"/> Pyrophoric Particularly Hazards Substances: <input type="checkbox"/> Mutagen <input type="checkbox"/> Acute Toxins <input type="checkbox"/> Repro.Toxins <input type="checkbox"/> Carcinogens Physical Hazards : <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Pressure Other Hazards <input style="width: 150px; height: 15px;" type="text"/>	
Prior Approval: <input type="checkbox"/> Does this Process/Reaction require prior approval from the Principle Investigator?	
PERSONAL PROTECTIVE EQUIPMENT/ ENGINEERING CONTROLS	
<input type="checkbox"/> Gloves Type Of Gloves <input style="width: 150px; height: 15px;" type="text"/> <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Lab Coat <input type="checkbox"/> Respirator <input type="checkbox"/> Fume Hood <input type="checkbox"/> B.S.C. <input type="checkbox"/> Point of Use Ventilation <input type="checkbox"/> Glove Box Other <input style="width: 300px; height: 15px;" type="text"/>	
Comments: <input style="width: 350px; height: 15px;" type="text"/>	
Signature: <input style="width: 200px; height: 15px;" type="text"/>	Date: <input style="width: 100px; height: 15px;" type="text"/>

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