Project Safety Review and Authorization Form

1. Applicant: ________________________________________________________________
   Department: __________________________ Telephone: _________________________

2. Project Title(s): __________________________________________________________

3. List buildings, rooms and outlying locations to be used: ______________________

4. Please indicate the name(s) of personnel involved in the project (faculty, staff, or student) who is/are familiar with the project(s) and is able to answer questions relating personnel, materials and procedures.
   
   Alternate Contact: ______________ Telephone: _____________________________
   Alternate Contact: ______________ Telephone: _____________________________

5. Potential hazards and safety measures employed:
   (a) Describe chemical, physical and biological hazards associated with the project, including field work hazards:
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

   (b) Describe project-specific safety training:

   (c) List safety procedures, equipment, etc. used to protect against hazards listed in item (5a) above:
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
6. **SPECIFICALLY REGULATED ACTIVITIES**: Please mark all of the following activities associated with the project.

- [ ] FOREIGN SOIL
- [ ] CLASS 3b OR CLASS 4 LASER
- [ ] RECOMBINANT DNA
- [ ] CLASS 3b OR CLASS 4 LASER
- [ ] PYROPHORIC OR EXPLOSIVE MATERIALS
- [ ] FIELD TRIP/TRAVEL
- [ ] HUMAN BLOOD/TISSUE/CELL CULTURES
- [ ] TRANSPORT OF HAZARDOUS MATERIAL (by motor vehicle)
- [ ] REGULATED CARCINOGENS (arsenic, benzidine, formalin etc.)

7. Do you plan science demonstrations or other “outreach” activity?  
- [ ] YES  
- [ ] NO

8. Will this project generate Hazardous Waste?  
- [ ] YES  
- [ ] NO

9. **Applicant Certification**: I certify that applicable CSULB-linked projects under my supervision have been accurately described on this COE Project Authorization Form(s) to the best of my ability. I pledge to employ and/or enforce the appropriate health, safety and environmental measures indicated, and to comply with all COE policies and procedures, and the COE Safety Program Manual.

Applicant Signature: ___________________________  Date: ________________

**College Safety Review and Approval**

Safety/Regulatory Requirements/Conditions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Dept. Chair Signature of Approval: ___________________________  Date: ________________

Safety Office Signature of Approval: ___________________________  Date