

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
- HUMAN BLOOD/TISSUE/CELL CULTURES
- TRANSPORT OF HAZARDOUS MATERIAL (by motor vehicle)
- REGULATED CARCINOGENS (arsenic, benzidine, formalin etc.)
- PYROPHORIC OR EXPLOSIVE MATERIALS
- FIELD TRIP/TRAVEL

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:** _____

