



UNIVERSITY OF CINCINNATI
LABORATORY ANIMAL MEDICAL SERVICES

HAZARDOUS AGENT USAGE NOTIFICATION FORM
FOR USE WITH BIOLOGICAL, CHEMICAL/PHYSICAL, and RADIOACTIVE AGENTS

- Ensure all fields are completed. Failure to complete this form in its entirety may delay hazardous agent usage approval.
- Submit completed forms to LAMS@UCMAIL.UC.EDU

Principal Investigator: _____ IACUC Protocol Number: _____

Species: _____

Name of Agent: _____ Hazard: Biological Chemical/Physical Radiological

Start Date of Hazard Usage: _____

Building- RC MSB Vontz

Submitted By: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Current emergency contact information must be on file with LAMS. Please provide information for a primary and secondary contact.

Primary Contact Name: _____ Email: _____

Work Phone: _____ Cell/Emergency Phone: _____

Secondary Contact Name: _____ Email: _____

Work Phone: _____ Cell/Emergency Phone: _____

FOR LAMS USE ONLY

Training Completed (Date/Initials): _____ Animal Use Safety Information Cross-Referenced (Date/Initials): _____

Names of Personnel Trained

- | | | | | |
|----------|---------------|------------|-----------|-------|
| 1. _____ | Disinfectant: | 20% Bleach | Clidox | Other |
| 2. _____ | Hold Time: | 72 Hours | Permanent | Other |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |