

Particularly Hazardous Substance (PHS) Safety Protocol Form

Instructions:

- Each Laboratory is responsible for the completion of its own PHS forms. EH&S may be contacted for supplemental information or in the event of any questions regarding the form (8-8182)
- Each approved **USER** of the PHS **must** complete a copy of page six of this form, sign it where indicated, and have the Laboratory PI sign as well.
- Retain this form and the approval pages in your laboratory
- Refer to the Material Safety Data Sheet (MSDS) or Safety Data Sheet (SDS) for assistance in the completion of this form.
- Use as much space in the response boxes as you need...

*****Attach the MSDS or SDS to this form*****

Approvals:

Procedure
prepared by:

Procedure
approved by:

Date:

Chemical Identification:

Chemical Name:						
CAS #						
Synonyms:						
Physical State: (mark with an "X")	<input type="checkbox"/>	Solid	<input type="checkbox"/>	Liquid	<input type="checkbox"/>	Gas

Hazard Identification:

Indicate why this is a PHS (there may be more than one category):

Carcinogen
Reproductive toxin
Explosive

Mutagen
Pyrophoric material
Other (specify)

Teratogen
Water reactive

Indicate other hazards:

<input type="checkbox"/>	Flammable
<input type="checkbox"/>	Reactive
<input type="checkbox"/>	Other (specify

<input type="checkbox"/>	Corrosive
<input type="checkbox"/>	Temperature sensitive

<input type="checkbox"/>	Oxidizer
<input type="checkbox"/>	Sensitizer

Identify any incompatible materials or conditions:

Indicate possible routes of exposure from this material

<input type="checkbox"/>	Inhalation
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<input type="checkbox"/>	Skin contact
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<input type="checkbox"/>	Accidental ingestion
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Indicate the effects of overexposure to this material:

Exposure Controls:

1. Personal Protective Equipment

Indicate the items of PPE required for the use of this material, and the steps where they are required:

<i>Type</i>	<i>Specific item needed</i>	<i>Step(s) when required for use</i>
Eye Protection		
Skin Protection		
Hand Protection		
Respiratory Protection ¹		
Other (Specify)		

¹ All use of respiratory protection must be approved by EH&S, in advance of use.

2. Ventilation Controls

<i>Item</i>	<i>y/n</i>	<i>Step(s) when required for use</i>
Fume Hood Required?		
Glove Box Required?		
Other ventilation needed?		

3. Designated Area

All PHS materials must be stored and used in a designated work area. (You MAY designate your entire lab.) Indicate the area designated for PHS use and how it will be posted:

4. Waste Disposal

Indicate details of disposal for the PHS and any subsequent materials where it is present (such as glassware, sample containers, etc.):

Emergency Response:

Indicate response actions for exposures to the PHS:

Eye exposure	
Skin contact	
Inhalation exposure	

Accidental ingestion	
Other (Specify)	

Indicate response actions for a spill of the PHS:

Indicate the maximum spill quantity of the PHS that can safely be addressed by lab personnel:	
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Spill response materials required:	
PPE for spill response required:	
Spill response/decontamination protocol:	

Procedure for use of material:

Describe how the PHS will be used:

PHS Approval

Employee Name	
PHS being used	
Maximum quantity of PHS approved for use	
Location of use of material (building and room)	
Other restrictions to this material's use (i.e. working alone)	

Employee declaration:

I declare that I have read and I understand this PHS Protocol Form for this material (noted above). I agree to follow all procedures in this form and all applicable procedures in the Carnegie Mellon University Chemical Hygiene Plan²

Signature: _____

Date: _____

PI declaration:

I approve _____ to work with the Particularly Hazardous Substance listed above. I confirm that this individual has had adequate training in its use and has demonstrated competency in working with this PHS.

Signature: _____

Date: _____

² The CHP is available at www.cmu.edu/ehs