

# SAFETY INFORMATION CARD

DEPARTMENT: \_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING: \_\_\_\_\_

**RESPONSIBLE LABORATORY PERSON(S)**

- 1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_
- 5. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

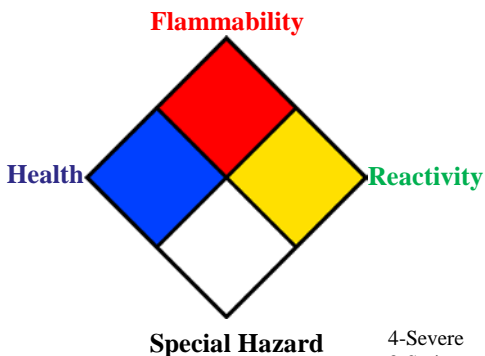


**NOTICE: NO FOOD OR DRINK ALLOWED BEYOND THIS POINT!!!**

**THE FOLLOWING HAZARDS MAY BE PRESENT**

**CHEMICAL HAZARDS**

- Carcinogens
- Corrosives
- Flammables
- Compressed Gas Cylinders
- Oxidizers
- Poisons
- Waste Chemicals



**Special Hazard**  
 4-Severe  
 3-Serious  
 2-Moderate  
 1-Slight  
 0-Minimal

**RADIATION HAZARDS**

- Laser (specify) – Class: \_\_\_\_\_
- Microwave
- Radioactive Material
- Radioactive Source
- Radioactive Waste
- Transilluminator
- X-Ray
- Other(s): \_\_\_\_\_
- Name of Isotope: \_\_\_\_\_



**BIOHAZARDS**

- BIO SAFETY LEVEL:**    BSL-1    BSL-2    BSL-3
- BACTERIA:** \_\_\_\_\_
- FUNGI:** \_\_\_\_\_
- VIRUS:** \_\_\_\_\_
- OTHERS:** \_\_\_\_\_
- TRANSMISSION ROUTES:** \_\_\_\_\_



**OTHER HAZARDS**

- ROTATING MACHINERY**
- LASER OPERATING**
- HIGH VOLTAGE**

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- GLOVES    FACE SHIELD    LAB COAT    RESPIRATOR
- SHOE COVER    SAFETY GLASSES    OTHERS

**NOTE ON PPE: When Protocols Require Use (UND Chemical Hygiene Plan)**

**AVAILABLE SAFETY EQUIPMENT**

- DRENCH SHOWER    EYEWASH STATION
- FIRE EXTINGUISHER

**FOR NON-EMERGENCY RESPONSE**

Call UND Office of Safety  
 Monday-Friday: 8.00am – 4.30pm: 701-777-3341  
 After Hours: 701-777-2591

**FOR EMERGENCY RESPONSE**

Call 911- from land line, if available.  
 Stay on the line, give location, and describe the problem