

UNIVERSITY OF ROCHESTER
VIVARIUM DEPARTMENT

**NOTIFICATION OF INTENT TO USE
HAZARDOUS SUBSTANCE(S) IN THE VIVARIUM**

Note – This completed form must be submitted to the Animal Resource Office, at least two weeks before the date of the intended use of new hazardous substance(s).

Approval to administer hazardous substances is effective for the current calendar year as long as there are no changes in hazard, dosage, administration route, individual administering hazard, housing room etc.

DATE SUBMITTED: _____

INVESTIGATOR: _____ UCAR#: _____

TITLE OF PROTOCOL: _____

PHONE #: _____ EMERGENCY CONTACT #: _____

NAME OF PERSON COMPLETING FORM: _____ PHONE #: _____

NATURE OF HAZARD: BIOLOGICAL ___ TOXIC ___ CARCINOGENIC ___ RADIOACTIVE ___

OTHER (Explain): _____

HAZARD NAME: (Be specific, as applicable, provide genus and species, isotope, chemical name, etc.)

HAZARD DOSAGE: _____

DATE OF INITIAL HAZARD ADMINISTRATION: _____

NAME OF INDIVIDUAL ADMINISTERING HAZARD: _____

NUMBER OF ROOM IN WHICH HAZARD WILL BE ADMINISTERED: _____

ANIMAL SPECIES : _____ ANIMAL ROOM NUMBER: _____

MAXIMUM NUMBER OF CAGES EXPOSED TO HAZARD IN ROOM AT ONE TIME: _____

SPECIAL REQUIREMENTS: (Please list here any special equipment, services, etc. that the Vivarium will have to provide and any special safe work practices that the Vivarium Animal Care Staff will have to observe. Use additional sheets as necessary. A Vivarium Special Request Form describing any equipment , services or special practices needed must be submitted to the Vivarium Office two days in advance of the date such equipment or services are required.)

