

**THE UNIVERSITY OF WEST FLORIDA
APPLICATION TO THE
ANIMAL CARE AND USE COMMITTEE**

The University of West Florida is committed to compliance with the Federal Animal Welfare act and applicable state and local regulations. All investigators proposing the use of animals in research are required to complete this application and secure approval from the ACUC **prior to the beginning of research**. Please complete both parts of the following form and submit all associated materials to the Office of Research and Sponsored Programs, Bldg. 11 Rm. 110.

Date: _____

Project Director: _____ **E-Mail:** _____

Department: _____ **Telephone:** _____

Mailing Address (including Zip): _____

Co-Project Director: _____ **E-Mail:** _____

Department: _____ **Telephone:** _____

Mailing Address (including Zip): _____

Project Title: _____

Project is for: **Faculty Research** **Thesis** **Dissertation** **Class Project**

Project Dates: *Project dates must be specific numeric dates e.g. dd/mm/yy* **From:** _____ **To:** _____

Funding Agency (if applicable): _____ **Account No.** _____

Primary Location of Study: _____

Signature Approvals: Please include printed names with signatures.

For projects conducted by a PI under a grant: Project Director, Co-Director and Department Chair signatures are required

For projects conducted by a student: Student Signature (on Project Director line), Student Advisor and Department Chair signatures are required.

Project Director: (Signature)

Co-Director: (Signature)

Project Director: (Printed)

Date

Co-Director: (Printed)

Date

Student Advisor: (Signature)

Department Head: (Signature)

Student Advisor: (Printed)

Date

Department Head: (Printed)

Date

ACUC Decision:

Comments: _____

Approved _____ **Approved Conditionally** _____ **Disapproved** _____ **Deferred** _____

Date: _____

UWF ANIMAL CARE AND USE APPLICATION

PURPOSE: The UWF Animal Care and Use Committee is charged with ensuring the welfare and humane treatment of all animals in current or planned use for research, testing, training, instruction, or any other purpose at, or in association with, The University of West Florida, regardless of the source of funding. Pursuant to its charge, the Committee is responsible for reviewing all such activity; and it is required that Committee approval be received **prior to any purchase, care, and use of animals in association with the University**. Committee approval is also required prior to any significant changes in the care and use of animals. Continuing review of previously approved activities will be conducted at intervals of not less than once every three years.

PROCEDURES: To facilitate the review process, we ask that you submit the following to the Office of Research:

1. Completed and signed application.
2. Research protocol summary.
3. Any supporting material (i.e., cover letter or drug company product description).

Careful attention to detail will expedite the review process. Since the Committee is a diverse group, please use lay language and/or define technical terms and abbreviations. You may be asked to meet with the Committee if further information is needed. You should allow at least three weeks for the Committee to complete review of your application. Maximum approval period is three years. A complete description of the functions and procedures of the Animal Care and Use Committee may be obtained from the Office of Research. **Please attach additional pages if more space is needed to answer questions.**

1. Deadline Date for Committee Decision: _____
2. Funding Agency: _____
3. Date Submitted to Funding Agency: _____
4. Contract or Grant Number (if known): _____
5. Type of Application: New Continuation Modification
6. Proposed Animal Use: Research Testing Instruction
7. Category of Use (see Table 1 attached): A B C D E
8. Purpose of project: _____
9. Species of Animal: _____ Number: _____
10. Strain (if applicable): _____ Sex: _____
11. Source/Vendor: _____
12. Rationale for involving animals (Have mathematical models, computer simulation and in vitro biological systems been considered?):
13. Appropriateness of species, strain, and sex (could a phylogenetically lower species be used?):

TABLE I
CATEGORIES OF ANIMAL USE
BASED ON INCREASING ETHICAL CONCERNS FOR NON-HUMAN SPECIES

CATEGORY A

Activities involving either tissue cultures, studies on tissues obtained from autopsy or from slaughterhouses, or studies on embryonated eggs.

CATEGORY B

Activities on vertebrate animal species that are expected to produce little or no discomfort.

Mere holding of animals captive for experimental purposes; simple procedures such as injections of relatively harmless substances and blood sampling; physical examinations; experiments on completely anesthetized animals which do not regain consciousness; food/water deprivation for short periods (a few hours); standard methods of euthanasia that induce rapid unconsciousness, such as anesthetic overdose or decapitation preceded by sedation or light anesthesia.

CATEGORY C

Activities that involve some minor stress or pain (short-duration pain) to vertebrate animal species. With anesthesia, exposure of blood vessels or implantation of chronic catheters; behavioral experiments on awake animals that involve short-term stressful restraint; immunization employing Freund's Adjuvant; noxious stimuli from which escape is possible; surgical procedures under anesthesia that may result in some minor post-surgical discomfort. Category C procedures incur additional concern in proportion to the degree and duration of unavoidable stress or discomfort.

CATEGORY D

Activities that involve significant but unavoidable stress or pain to vertebrate animal species.

Deliberate induction of behavioral stress in order to test its effect; major surgical procedures under anesthesia that result in significant post-operative discomfort; induction of an anatomical or physiological deficit that will result in pain or distress; application of noxious stimuli from which escape is impossible; prolonged periods (up to several hours or more) or physical restraint; maternal deprivation with substitution of punitive surrogates; induction of aggressive behavior leading to self-mutilation or intra-species aggression; procedures that produce pain in which anesthetics are not used, such as toxicity testing with death as an end point, production of radiation sickness, certain injections, and stress and shock research that would result in pain approaching the pain tolerance threshold, i.e., the point at which intense emotional reactions occur. Category D experiments present an explicit responsibility on the investigator to explore alternative designs to ensure that animal distress is minimized or eliminated.

CATEGORY E

Activities involving inflicting severe pain near, at, or above the pain tolerance threshold of unanesthetized, conscious animals.

Use of muscle relaxants or paralytic drugs such as succinyl choline or other curariform drugs alone for surgical restraint without the use of anesthetics; severe burn or trauma infliction on unanesthetized animals; attempts to induce psychotic-like behavior; killing by use of microwave ovens designed for domestic kitchens or by strychnine; inescapably severe stress or terminal stress. Category E experiments are considered highly questionable or unacceptable irrespective of the significance of anticipated results. Many of these procedures are specifically prohibited in national policies and therefore may result in withdrawal of federal funds and/or institutional USDA registration.

Investigation Involving the Use of Hazardous Chemicals and Animals

Principal Investigator(s):

Protocol Title & Number:

Date:

Contact Info:

1. List each hazardous chemical and specify the highest concentration to be handled (i.e., stock solution or powder) as well as the location of storage and preparation or use (building and room number). Also, indicate if a Safety Data Sheet is posted or present in the location(s) and personnel have been informed of that location. (Check Yes or No) Submit a copy of each SDS with this form.

	Chemical Name and CAS Number (include Synonyms)	Highest Conc.	Location		SDS Posted/ Present
			Storage	Preparation/ Use	
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No

Identify if the hazardous chemical is a Particularly Hazardous Substance (PHS) by checking the box of the chemical, which corresponds to the hazardous chemical line item(s) listed above. A chemical is a PHS if it is a select carcinogen, reproductive toxin, or has a high acute toxicity. This information is available from the Material Safety Data Sheet (SDS) or manufacturer.

Particularly Hazardous Substance Criteria	Hazardous Chemical (Check all that apply)				
Select Carcinogen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reproductive Toxin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
High Acute Toxicity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2. Identify the chemicals that possess Physical Hazards. (Check all that apply. Numbers correspond to line items in #1.) This information is available from the SDS or from the manufacturer.

Physical Hazards	Hazardous Chemical				
Flammable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Corrosive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reactive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Oxidizer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Temperature Sensitive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Moisture Sensitive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Others (Specify):	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Stability (e.g., decomposes, forms peroxides, polymerizes, shelf-life concerns) Check if unstable and list hazard(s).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Known Incompatibilities:					
Hazardous Decomposition Products:					

3. Identify potential methods of human exposure to the chemicals during sample preparation and experimental manipulations. Also, identify health hazards or route(s) of entry into the body and explain how they affect the body. (Check all that apply. Numbers correspond to line items in #1.)

Method of Exposure	STAGE OF EXPERIMENT AND HAZARDOUS CHEMICAL	
	Preparation	Experimental Manipulation
Aerosol generation by transfer	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Mixing, shaking, or centrifuging	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Chemical reaction	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Splash	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Use of sharps (Injection)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Excretion contaminated media	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Others (Specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Health Hazard/ Route of Entry		
	Hazardous Chemical	
Skin Absorption/ Contact	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Inhalation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Eye exposure	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Ingestion	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Injection (sharp objects)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Acute Effects	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Chronic Effects	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Explain Health Hazard Effects:		

4. Indicate the safety controls that will be employed to minimize risk and prevent release of the agent. (Check all that apply. Numbers correspond to line items in #1.)

EXPOSURE CONTROLS	METHOD OF CONTROL	HAZARDOUS CHEMICAL	
Engineering Controls	Fume Hood	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Biological Safety Cabinet	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Glove Box	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Other (Specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Administrative Controls	Chemical handling and disposal	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Sharps handling and disposal	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Spill Prevention	Trays used for material transfers, solution preparation, and other chemical operations.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		Over-pack (chemical carriers) used when transporting solutions	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
		Other Admin. Controls (Specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Chemical Storage	Compatible, closed, & labeled container	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Secondary containment	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Segregated from incompatibles	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Refrigerator/ Freezer	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Other (Specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Personal Protective Equipment Use	During Preparation		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Gloves *Check integrity of gloves before each use.	Type (Specify):	During Experimental Manipulation or Animal Handling <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Type (Specify):	
Safety goggles	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Lab Coat	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Apron	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Dust Mask	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Other: (i.e. double glove, barrier cream)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Specify	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Specify
Describe how you will employ controls:		

5. Describe the spill cleanup protocol for the maximum volume of each hazardous chemical that would be in use at any one time.

- Spill kit or cleanup materials present in each lab. Specify special materials required for each chemical cleanup.
- Personnel trained on spill cleanup procedure of each chemical and emergency contacts.
- Proper personal protective equipment (PPE) available for spill cleanup. See #4 for PPE.
- Emergency eyewash and/or safety shower located nearby (within 10 seconds) and unobstructed.
 - Personnel trained on eyewash/ shower location and operation
 - Eyewash/ shower inspected annually and activated weekly to verify operability.

Explain spill procedure: _____

6. List personnel and indicate the type of training the person has received related to the use of the chemical. Also, specify the date the person was trained and by whom, as well as the experience that person has with the chemical or procedure. Documentation that each worker has been trained in the safe use of each hazardous chemical is highly recommended.

Personnel**	Type of Training	Date Trained/ Conducted By	Experience (Yrs., Type work)
	<input type="checkbox"/> Lab/ Chem. Safety <input type="checkbox"/> Std. Oper. Proc. <input type="checkbox"/> SDS <input type="checkbox"/> Haz Waste Handling <input type="checkbox"/> Other (Specify)-		
	<input type="checkbox"/> Lab/ Chem. Safety <input type="checkbox"/> Std. Oper. Proc. <input type="checkbox"/> SDS <input type="checkbox"/> Haz Waste Handling <input type="checkbox"/> Other (Specify)-		
	<input type="checkbox"/> Lab/ Chem. Safety <input type="checkbox"/> Std. Oper. Proc. <input type="checkbox"/> SDS <input type="checkbox"/> Haz Waste Handling <input type="checkbox"/> Other (Specify)-		
	<input type="checkbox"/> Lab/ Chem. Safety <input type="checkbox"/> Std. Oper. Proc. <input type="checkbox"/> SDS <input type="checkbox"/> Haz Waste Handling <input type="checkbox"/> Other (Specify)-		
	<input type="checkbox"/> Lab/ Chem. Safety <input type="checkbox"/> Std. Oper. Proc. <input type="checkbox"/> SDS <input type="checkbox"/> Haz Waste Handling <input type="checkbox"/> Other (Specify)-		

**Notify UWF EHS to update this information when new individuals not listed above will be working with the hazardous chemicals.

7. Animal Information. Specify information by filling in text boxes or checking boxes.

- Animal Species: _____
- Approximate number of animals exposed to chemical per year: _____
- Primary Housing: Cage Tank Other (Specify) _____
- Secondary Housing: Laboratory Room (Specify) _____
 Animal Room (Specify) _____
 Other (Specify) _____
- Special Housing Requirements: (i.e. Biological Safety Level, barrier facility)
- Room where chemical will be administered: _____
- How chemical will be administered: _____
- Approximate dose per animal: _____
- Frequency and duration of dosing: _____
- How long animal will be housed after dosing: _____
- Are waste products (excretion) and bedding/water considered hazardous? Yes No

- ◆ If “Yes”, specify time period after last dose is given that excretion products from the animals would be considered non-hazardous.
- Will specialized cage changing facilities (dumping stations) be required to protect the worker?
 Yes No Specify, if yes: _____
- Will any special cleaning or decontamination be required for cleaning the cages/ tanks?
 Yes No Specify, if yes: _____
 Who will be responsible for cleaning, if special handling is required?

8. Describe any special disposal requirements. Refer to the Waste Disposal Guidelines <http://uwf.edu/offices/environmental-health-safety/laboratories/general-laboratories/> or contact UWF EHS ((850) 474-2525) for guidance. (Check all that apply. Numbers correspond to line items in #1.)

Chemical Disposal	Hazardous Chemical
Routine scheduled hazardous waste pickup -No special disposal requirements	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Neutralization	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Sanitary Sewer	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Other disposal: (Specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Carcass	
Animal facility freezer and disposal service	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Scheduled hazardous waste pickup	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Other disposal: (Specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Excretion-contaminated Materials (See #7 for Hazardous vs. Non-hazardous)	
Disinfection (Specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Autoclave	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Sanitary Sewer	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Other decontamination method (Specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Explain disposal methods:

Approval of hazardous material use is indicated by the signatures of the individuals listed below. The individuals signing confirm they have reviewed this form and confirm that it has been reviewed to assure compliance with applicable safety guidelines and regulations according to federal and university policies.

Signature — UWF Director, Environmental Health and Safety	Date