Principal Investigator:
Protocol Title & Number:
Date:
Contact Info:
List each device and describe all procedures necessary for personnel and animal safety including hazardous waste, carcass disposal, and cage decontamination below:
Device (if applicable):
Location:
Describe use (include exposure conditions/dose if a radiation device, laser wavelength, and power, MHz/Tesla, potential hazard):

Please describe briefly how waste disposed of:	(carcasses,	bedding) will be collected, stored, and	
Important Reminder: Approval from the IACUC and EH&S must be granted before any work utilizing the above agents in/with animals may begin. A hazard start-up meeting between EH&S and PI may be required based on risk assessment before initiating this work.			
Printed Name of PI		Date	
PI Signature			
For Office Use Only: Approv	al Documen	tation:	
Environmental Health & Safety	Date	Comments	
IACUC	Date	Comments	