

**EHS: QUESTIONNAIRE**

**Principal Investigator/Customer:** \_\_\_\_\_

**Bldg./Room** \_\_\_\_\_ **FME Work Order Number:** \_\_\_\_\_

**FME Project Manager:** \_\_\_\_\_

**Return completed questionnaire to FME Project Manager, Building 350**

1. Will people occupy the space? Yes \_\_\_ how many? \_\_\_ No \_\_\_
2. Will compressed gases be used in laboratory operations? Yes \_\_\_ No \_\_\_  
If yes, which gases? \_\_\_\_\_  
Where will the cylinders be located \_\_\_\_\_
3. Will flammable liquids be used in laboratory operations? Yes \_\_\_ No \_\_\_  
If yes, <60 gallons may be stored in flammable storage cabinet. >60 gallons require flammable storage room.  
Flammable Cabinet \_\_\_\_\_ Flammable Room \_\_\_\_\_
4. Will chemicals, reagents be stored in the space? Yes \_\_\_ No \_\_\_
  - a) Shelf Yes \_\_\_ No \_\_\_
  - b) Corrosive Cabinet Yes \_\_\_ No \_\_\_
  - c) Oxidizer Cabinet Yes \_\_\_ No \_\_\_
  - d) Flammable Storage Cabinet Yes \_\_\_ No \_\_\_
  - e) Chemical Store Room Yes \_\_\_ No \_\_\_
  - f) Flammable Storage Room Yes \_\_\_ No \_\_\_
5. Will other materials be stored in space? Yes \_\_\_ No \_\_\_
  - a) Shelving Yes \_\_\_ No \_\_\_
  - b) Dedicated storeroom Yes \_\_\_ No \_\_\_
  - c) Common area Yes \_\_\_ No \_\_\_
6. Is any Biological Agent (human cell cultures, rDNA, RNA, etc) or biological toxin to be used in this laboratory?  
Yes \_\_\_ No \_\_\_ (If yes answer the following questions)
  - a) Is agent or material a potential human or animal pathogen or toxin?  
Yes \_\_\_ No \_\_\_
    1. If yes, does the work have a current Pathogen Registration (EHS Pathogen Registration # \_\_\_\_\_)
    2. If no, contact EHS for appropriate forms
  - b) Will the project include work with rDNA or rRNA?  
Yes \_\_\_ No \_\_\_
    1. If yes, does the work have a current rDNA Registration (IBC rDNA Registration # \_\_\_\_\_)
    2. If no, contact EHS for appropriate forms
  - c) If the biological agent is a potential pathogen what is the mode(s) of transmission (aerosol route, direct contact, or other) \_\_\_\_\_.
  - d) Is antibiotic resistance expressed? Yes \_\_\_ No \_\_\_ other markers? \_\_\_\_\_
  - e) Is a toxin produced? Yes \_\_\_ No \_\_\_ Will you work with the toxin? Yes \_\_\_ No \_\_\_ If yes, does toxin have an LD<sub>50</sub> more than 100 nanograms per kilogram body weight?  
Yes \_\_\_ No \_\_\_

- f) Largest volume used is: \_\_\_\_ liters. Usual volume used is \_\_\_\_ liters.
- g) Will the work involve the use of human or animal tissues?  
Please specify. \_\_\_\_\_
- h) Will the organism be inactivated prior to disposal? Yes \_\_\_\_ No \_\_\_\_  
Specify methods: Heat \_\_\_\_ Chemical \_\_\_\_ Radiation \_\_\_\_ Other \_\_\_\_
- i) Do you anticipate the need for a dedicated autoclave? Yes \_\_\_\_ No \_\_\_\_
- j) Will you culture the organism? Yes \_\_\_\_ No \_\_\_\_  
Specify amount \_\_\_\_\_
- k) Do you concentrate the organism? Yes \_\_\_\_ No \_\_\_\_  
Specify methods: Centrifugation \_\_\_\_ Precipitation \_\_\_\_ Filtration \_\_\_\_  
Other \_\_\_\_
7. What facility and practice biosafety level is necessary to perform the proposed work?  
\_\_\_\_\_
8. Will animals be used in the proposed research? Yes \_\_\_\_ No \_\_\_\_
9. Is there any possibility that you will generate chemical waste?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, what is the largest quantity of waste that may be generated in one week:
- a. Flammable solvents: number of 5-gallon carboys \_\_\_\_\_ number of 1-gallon carboys \_\_\_\_\_
- b. Chlorinated solvents: number of 5-gallon carboys \_\_\_\_\_ number of 1-gallon carboys \_\_\_\_\_
- c. Phenol/chloroform mixtures:  
Number of 1-gallon carboys \_\_\_\_\_
- d. Other chemical wastes > 1 gallon per week: number of containers \_\_\_\_\_
10. Is there any possibility that you will generate medical waste?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, Medical waste: number of biomedical waste boxes \_\_\_\_\_  
number of tall trashcans \_\_\_\_\_
11. Do you plan to generate ordinary trash (paper, garbage, etc.)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, Ordinary trash: number of 30-gallon metal trash cans \_\_\_\_\_
12. Do you plan to generate recyclable materials (paper, aluminum, glass, etc.)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, Recyclable: number of blue bins \_\_\_\_\_
13. Will there be a dark room: Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, will the processing be automated \_\_\_\_\_ or manual \_\_\_\_\_?  
If automated, is there space for a silver recovery unit? Yes \_\_\_\_ No \_\_\_\_
14. Will you need outdoor storage of supplies or equipment that could release pollutants to storm water? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Will you need emergency power? Yes \_\_\_\_\_ No \_\_\_\_\_

16. For new construction projects, has the DHHS Categorical Exclusion Criteria Checklist been completed? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
17. For new construction projects, has the NIH Environmental Assessment Criteria checklist been completed? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
18. Will X-Ray Units be utilized? Yes \_\_\_\_\_ No \_\_\_\_\_
19. Will Electron Microscope(s) be utilized? Yes \_\_\_\_\_ No \_\_\_\_\_
20. Is there a possibility that you will use radioactive material?  
Yes \_\_\_\_\_ No \_\_\_\_\_
21. Is there a possibility of "human/medical use" involving radioactive material?  
Yes \_\_\_\_\_ No \_\_\_\_\_
22. If you answered "yes" to questions 20 and/or 21 please complete the following:
- Which isotopes will be utilized? List: \_\_\_\_\_
  - List **mCi** amounts per experiment to be used **for each isotope** listed above.  
\_\_\_\_\_
  - List all radiological protocols (separate sheet may be utilized).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - List equipment containing "sealed sources" if applicable.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Will iodinations be performed? Yes \_\_\_\_\_ No \_\_\_\_\_
23. Is there any possibility that you will generate radioactive waste? Yes \_\_\_\_\_  
No \_\_\_\_\_
- If yes, what is the largest quantity of waste that may be generated in one week:
- Dry radioactive waste: number of 30-gallon containers \_\_\_\_\_
  - Liquid radioactive waste - half-life < 15 days: number of 5-gallon carboys \_\_\_\_\_
  - Liquid radioactive waste – half-life 15-100 days: number of 5-gallon carboys \_\_\_\_\_
  - Liquid radioactive waste – half-life > 100 days: number of 5-gallon carboys \_\_\_\_\_
  - Liquid scintillation vials: number of vial flats \_\_\_\_\_
24. Is there any possibility that you will generate mixed waste (regulated chemical waste that contains detectable radioactivity)? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, mixed waste: number of 1-gallon carboys \_\_\_\_\_
25. Are there any security concerns for your department? Yes \_\_\_\_\_ No \_\_\_\_\_  
(i.e., access restrictions, specific instructions for security staff making rounds).  
If yes, please specify \_\_\_\_\_  
\_\_\_\_\_
26. Will liquid nitrogen or other cryogenic liquids be used in the space? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list \_\_\_\_\_

Will the cryogen be supplied in portable dewars delivered to the space or plumbed into the space from a bulk tank? Other delivery system?

Explain \_\_\_\_\_

27. Do you anticipate the use of nano-material? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is there any possibility that nano-material will be aerosolized or become airborne?

Yes \_\_\_\_\_ No \_\_\_\_\_