

University of North Texas at Dallas

Proposals are due to RMS at least 2 weeks prior to the beginning of the project.

Principal Investigator

Name	Department	Email	Phone #

Minor Info

Name	Age

Project Info

Name of Project	Project Start Date	Project End Date
Location (Building)	Room(s) #	

Materials and Equipment to be used.

Chemicals
<input type="checkbox"/> Flammable <input type="checkbox"/> Reactive <input type="checkbox"/> Carcinogenic <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Oxidizer <input type="checkbox"/> Cryogen <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Gasses
Biological Material
<input type="checkbox"/> Biological Material <input type="checkbox"/> Bacteria <input type="checkbox"/> Viruses <input type="checkbox"/> Fungi <input type="checkbox"/> Parasites <input type="checkbox"/> Human Source Material <input type="checkbox"/> Insects <input type="checkbox"/> Plants <input type="checkbox"/> Animals
Equipment
<input type="checkbox"/> Fume Hood <input type="checkbox"/> Biosafety Cabinet <input type="checkbox"/> Laminar Clean Bench <input type="checkbox"/> Autoclave <input type="checkbox"/> Centrifuge <input type="checkbox"/> Analytical Instruments <input type="checkbox"/> Industrial Machinery <input type="checkbox"/> Noise Producing Equip. <input type="checkbox"/> Other Equipment:

Acknowledgement and Signature

By signing below, I agree the all information listed on this form is accurate.

Name (Print Name)

Signature

Date