

Project Safety Review and Authorization Form

1. Applicant: _____

Department: _____ Telephone: _____

2. Project Title(s): _____

3. List buildings, rooms and outlying locations to be used: _____

4. Please indicate the name(s) of personnel involved in the project (faculty, staff, or student) who is/are familiar with the project(s) and is able to answer questions relating personnel, materials and procedures.

Alternate Contact: _____ Telephone: _____

Alternate Contact: _____ Telephone: _____

5. Potential hazards and safety measures employed:

(a) Describe chemical, physical and biological hazards associated with the project, including field work hazards:

(b) Describe project specific safety training:

(c) List safety procedures, equipment, etc. used to protect against hazards listed in item (5a) above:
