

PRINCIPAL INVESTIGATOR

Name _____ Title _____ Phone _____
Last First M.I.

E-Mail Address _____ Fax _____ Box # _____

Campus _____ Department _____ Division _____ Building _____ Room _____

LAB SUPERVISOR

Name _____ Title _____ Phone _____
Last First M.I.

E-Mail Address _____ Fax _____ Box # _____

Campus _____ Department _____ Division _____ Building _____ Room _____

AUTHORIZED USERS

Last	Name		Training #	Phone	Check Applicable Usage			
	First	M.I.			R	C	B	CS
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R=Radioactive Isotopes, C=Chemical, B=Biological, CS=Controlled Substances

AUTHORIZED USE LOCATIONS

Action Add/Delete/Modify	Lab Location			Check Applicable Authorization			
	Campus	Building	Room	R	C	B	CS
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

EH&S ONLY

DATE _____ PI # _____ ATTACHMENTS RECEIVED _____

Instructions for Completing Universal Principal Investigator Form 3100

This form needs to be completed only once, for the PI's initial Use Authorization (RUA, BUA, etc.) application. For subsequent Use Authorization applications, submit a copy which contains updated information relevant to that application.

The form is intended to provide basic information to EH&S concerning the laboratory operations of each Principal Investigator. Information on specific Use Authorizations will be provided on forms specific to the Hazard type, i.e., radiological, biological, chemical, other. Other information, such as training and experience of hazardous materials users should be provided on EH&S Form 3120, Universal Hazardous Materials Form. Modifications to information requested on this form should be provided on EH&S Form 3101, Universal Use Authorization Modification Request Form.

Complete all applicable entries in the "Principal Investigator" section.

If you have more than one laboratory supervisor who is the prime interface with EH&S' Department Safety Advisor (for example, one for radioisotope use, and another for biological materials use), please make a copy of the form, and provide data for *each* laboratory supervisor.

Please list all Authorized Users associated with the Principal Investigator. Mark box for each type of authorization the user currently holds.

Please list all authorized use locations used by the Principal Investigator, and mark the uses for each location. Include shared areas. Provide comments if needed.

Send completed form to your EH&S Department Safety Advisor at Box 0942.
