

Check box to left of category(s) to be modified

PRINCIPAL INVESTIGATOR

Name _____ Title _____ Phone _____
Last First M.I.
 E-Mail Address _____ Fax _____ Box # _____
 Campus _____ Department _____ Division _____ Building _____ Room _____
 PI # _____ PI Signature _____

RADIATION

| Action Add/Delete/Modify | Isotope | Purchase | Possession | Per Experiment | Form Volatile/Non-Vol. | Operation |
|-----------------------------|---------|----------|------------|----------------|---------------------------|-----------|
| | | mCi | mCi | mCi | | |
| | | mCi | mCi | mCi | | |

If radioisotope is volatile, identify fume hood that will be used: _____

CHEMICAL

| Action Add/Delete/Modify | Regulated Carcinogen | Controlled Substance | Storage Location |
|-----------------------------|----------------------|----------------------|------------------|
| | | | |
| | | | |

If other chemicals are changing include a complete chemical inventory.

BIOLOGICAL

| Action Add/Delete/Modify | Biomaterial | |
|-----------------------------|-------------------|--|
| | rDNA Hosts | |
| | rDNA Vector | |
| | rDNA Genes | |
| | rDNA Gene Sources | |
| | Infectious Agents | |
| | Toxins | |

Are you adding use of human blood, blood products, unfixed tissue or cell cultures? Yes No
 Are you adding use of animals where no use was previously approved? Yes No

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"/> |

EQUIPMENT/SHIELDING AVAILABLE

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Pb Bricks | <input type="checkbox"/> Pb or Metal Sheets/Foil | <input type="checkbox"/> Plexiglas/Lucite | <input type="checkbox"/> Iodination Hood |
| <input type="checkbox"/> Open Bench | <input type="checkbox"/> Shielded Waste | <input type="checkbox"/> Glove Box | Hood Location _____ |
| <input type="checkbox"/> Biosafety Cabinet | <input type="checkbox"/> Refrigerator/Freezer | <input type="checkbox"/> Autoclave | <input type="checkbox"/> Drug Cabinet |

EH&S ONLY

Site Visit Completed

Site Visit to be Done

 DSA Review: (Initial) Date Approved By: Date

Instructions for Completing Universal Use Authorization Modification Request Form 3101

This form is a universal form, and applies to any MODIFICATIONS to EH&S Use Authorizations. To note a change, mark the box to the left of the category to be changed. Make appropriate changes on the form.

If you are adding new materials to your Use Authorization, please attach explanation and justification.

If you are adding an AUTHORIZED USER in your laboratory, please complete the Universal Hazardous Materials Use Form. (EH&S Form 3120).

Mail completed form to your EH&S Department Safety Advisor at Box 0942. Information will be reviewed and entered into the EH&S Database, and the white copy will be returned to you; this should be filed in the appropriate Safety Logbook.
