

Shop Registration Form

Date

Responsible Party Information, or RPI sheet – Submit annually

Instructions – Each shop room must have a separate RPI. Please complete all fields. Save the form for each room separately before beginning a new form for a new room. Please submit completed form along with the chemical inventory Excel list via email to ASU Environmental Health and Safety or campus mail at 6412.

General Information

Building		Room No.		Campus		Department		Mail Code	
Shop Supervisor						ASU Affiliate ID (10 digit ID #)			
Location of Material Safety Data Sheets Bldg. and Room									

Emergency Contact Information

Emergency Contact	Title	ASU Affiliate ID (10 digit ID #)	ASU Phone	Emergency Phone

Hazards or special concerns | Check all that apply

<input type="checkbox"/>	Carcinogens	<input type="checkbox"/>	Lasers - Indicate highest laser class:
<input type="checkbox"/>	Compressed gas	<input type="checkbox"/>	Magnetic field generator
<input type="checkbox"/>	Corrosive liquids (acids or strong base)	<input type="checkbox"/>	Noise
<input type="checkbox"/>	Cryogenics	<input type="checkbox"/>	Oxidizers
<input type="checkbox"/>	Flammable liquids	<input type="checkbox"/>	Paint Booth
<input type="checkbox"/>	High voltage equipment (>600 volts)	<input type="checkbox"/>	Pyrophorics
<input type="checkbox"/>	Hot work permit	<input type="checkbox"/>	X-rays
<input type="checkbox"/>	Hydrofluoric acid	<input type="checkbox"/>	Lasers - Indicate highest laser class:
<input type="checkbox"/>	Ionizing radiation / radioactive materials	<input type="checkbox"/>	Other

OSHA Carcinogens - Does this location contain any amount of the following chemicals? | Check all that apply

<input type="checkbox"/>	Acrylonitrile	<input type="checkbox"/>	1,2-Dibromo-3-Chloropropane	<input type="checkbox"/>	Vinyl Chloride	<input type="checkbox"/>	beta-Propiolactone
<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Ethylene Oxide	<input type="checkbox"/>	2 - Acetylaminofluorene	<input type="checkbox"/>	bis-Chloromethyl ether
<input type="checkbox"/>	Benzene	<input type="checkbox"/>	Formaldehyde	<input type="checkbox"/>	alpha-Naphthylamine	<input type="checkbox"/>	3,3'-Dichlorobenzidine (and its salts)
<input type="checkbox"/>	1,3-Butadiene	<input type="checkbox"/>	Inorganic Arsenic	<input type="checkbox"/>	4-Aminodiphenyl	<input type="checkbox"/>	
<input type="checkbox"/>	Cadmium	<input type="checkbox"/>	Methylene Chloride	<input type="checkbox"/>	Benzidine	<input type="checkbox"/>	
<input type="checkbox"/>	Chromium (VI)	<input type="checkbox"/>	Methylenedianiline	<input type="checkbox"/>	beta-Naphthylamine	<input type="checkbox"/>	

Describe other hazards or special concerns – e.g., shop physical or chemical hazards:

Describe any restricted areas in which the shop supervisor or shop staff presence is required for entry: