

## Prior approval assessment form

### Instructions

Please complete the entire form. Verify you have a Material Safety Data Sheets for each chemical listed in section 4 and send with the completed form to: Environmental Health and Safety Department, EHS@asu.edu or Mail Code 6412. If applicable, your faculty advisor's signature is required on the approved copy.

Section 1. General information		Approved date:	
Date submitted:		Approved date:	
Your name		Your phone	
Faculty advisor		Advisor's phone	
Department			
Where will work be done?		Phone in this lab	
Co-experimenter name		Co-experimenter phone	

**Section 2. Process description.** Please describe your planned process in detail, including experimental procedure and steps, solvents, temperature, pressure, etc. For each chemical used, please give trade name, full IUPAC name and quantity per experiment, as well as any expected by-products. List any special conditions or hazards and any change to the total quantity of flammable gases and liquids. Multiple chemicals may be listed on this form; however, each different process should be listed on its own form.

**Section 3. Chemical need and alternatives.** Please describe why it is necessary that this specific chemical be used. List at least three other, less toxic, chemicals and operational alternatives that were investigated and why they could not be implemented.

**Section 4. Chemical listing.** Please list all chemicals trade name and IUPAC name or components to be used in your process, see MSDS section two for components and complete IUPAC names. If NFPA HazardCodes are given on MSDS, please list them:

#	Chemical name   IUPAC	Quantity	MSDS	NFPA Hazard Code				CAS Number:
				H	F	R	Special	
1			<input type="checkbox"/>					
2			<input type="checkbox"/>					
3			<input type="checkbox"/>					
4			<input type="checkbox"/>					
5			<input type="checkbox"/>					
6			<input type="checkbox"/>					
7			<input type="checkbox"/>					
8			<input type="checkbox"/>					

Add more lines if necessary.

**Section 5. Stability.** Please describe any chemical reactivity, incompatibilities and decomposition products. See MSDS sections 5 and 10.

**Chemical reactivity:**

**Incompatibilities:**

**Decomposition products:**

**Section 6. Health effects.** Please explain any hazards or effects of this chemical/material on the human body. See MSDS sections 3 and 11

**Section 7. PPE. Please check any necessary Personal Protective Equipment. See MSDS section 8:**

Apron <input type="checkbox"/>	Face Shield <input type="checkbox"/>	Fume Hood <input type="checkbox"/>
Gloves <input type="checkbox"/>	Goggles/Safety Glasses <input type="checkbox"/>	Respirator <input type="checkbox"/>
Other – Please describe		

**Section 8. Waste disposal. Please provide details about how waste will be handled, labeled, in which cabinet it will be stored. Attach a completed waste tag for this chemical specific to your planned**

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Signature of Experimenter: \_\_\_\_\_

Date:

Signature of Faculty Advisor: \_\_\_\_\_

Date:

Approval signature PI or Lab Manager: \_\_\_\_\_

Date:

EHS or department safety representative approval: \_\_\_\_\_

Date: