

Application for the Use of Hazardous Chemicals in IACUC Protocols: Form 1

This form is used to review hazardous chemicals used in IACUC protocols. For any chemical administered to an animal within your protocol, follow these instructions:

- Check the list of **types of [Chemicals Requiring Review](#)** on the EHS website. Note that most chemicals routinely used in animal protocols (e.g. non-inhalant anesthetics and euthanasia solutions) are NOT included on this list.
- If the chemicals to be used in the protocol are not identified on the list AND do not meet the criteria described in the list, you do not need to complete this form. Contact EHS at 919-515-8658 if you are unsure if a chemical in your protocol meets the criteria, or if no data are available for the chemical.
- If you are using a chemical that meets the criteria described in the list of types of [Chemicals Requiring Review](#) complete this form providing the necessary information for each chemical.
- This is a form in two parts – Form 1 collects general information and needs to be completed once only. Form 2 collects specific information on each chemical being used. Form 2 must be completed for each chemical.
- **Amendments:** For amendments to your IACUC protocol that already has an attached RMHC form, please use the same form and add the new chemicals with the date updated as listed below. For amendments where no new substances, chemicals, hazardous drugs, etc. are added; no modification to the previously approved substances, regardless of significance; and no changes in the methods, procedures, equipment, and location, this form is not required. However, there must be evidence of a previously approved RMHC form.

Please note: **Every laboratory that uses chemicals is required to have a Laboratory Safety Plan. Place a copy of the approved application in the SOP Appendix of your Laboratory’s Safety Plan. This form may be used as a training tool.**

Contact Information		
Date created:		
Date updated (amendment):		
Principal Investigator(s)		
PI Email Address(es):		
Person Completing This Form:		Title:
Email of Person Completing Form:		Phone Number (cell):
Protocol Title:		
Laboratory Campus Address:	Dept.:	Bldg:
Room Number:		
Chemical List		
Identify all Chemicals Requiring Review which are used in this protocol (add lines as necessary)		
Must check the SDS box to confirm that SDS is available and has been reviewed. If SDS is unavailable or not applicable, check the "N/A" box and provide a reason below		

Chemical Name (no formulas or abbreviations)	Vendor	CAS Number	SDS reviewed by lab staff	*SDS N/A
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
*SDS N/A (state reason) -				

Form 2 below must be submitted for each chemical listed above to provide specific information.

Form 2: Chemical-Specific Information

(make a copy for each chemical and paste it in order of the Chemical List table)

Chemical Name:

Preparation of The Dose

What will be combined with the chemical to make the dose (food, water, alcohol, etc.)?	<input type="checkbox"/> Used as provided by manufacturer
Will the dose be prepared in a ducted biosafety or chemical hood?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

Administration of Experimental Chemical (injection, topical application, etc.)

Dose(s):	Route of administration:
Frequency of dose:	How many days will the chemical be administered?

Is the chemical or any hazardous metabolite expected to be released after dosing through any of the following? (check all that apply)

<input type="checkbox"/> Urine	<input type="checkbox"/> Skin	<input type="checkbox"/> Expired Air	<input type="checkbox"/> Feces	<input type="checkbox"/> Saliva	<input type="checkbox"/> Not given in literature	<input type="checkbox"/> None will be released
Anticipated duration?						

Personal Protective Equipment (PPE)

Minimum PPE needed for personnel who **prepare** the chemical for dosing (check all that apply):

<input type="checkbox"/> Gloves	<input type="checkbox"/> Shoe Covers	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Surgical Mask	<input type="checkbox"/> Safety Glasses/Goggles	<input type="checkbox"/> Respirator *	<input type="checkbox"/> Other:
If gloves are to be worn, what type: Latex is not recommended for all chemical hazards. Please use a glove chart to determine the best glove.				Any additional requirements: Hair net, beard cover, single use ppe, type of coveralls?		

Minimum PPE needed for personnel who **administer** the chemical (check all that apply):

<input type="checkbox"/> Gloves	<input type="checkbox"/> Shoe Covers	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Surgical Mask	<input type="checkbox"/> Safety Glasses/Goggles	<input type="checkbox"/> Respirator *	<input type="checkbox"/> Other:
If gloves are to be worn, what type: Latex is not recommended for all chemical hazards. Please use a glove chart to determine the best glove.				Any additional requirements: Hair net, beard cover, single use ppe, type of coveralls?		

Minimum PPE needed for **animal care staff** handling exposed animals and caging (check all that apply):

<input type="checkbox"/> Gloves	<input type="checkbox"/> Shoe Covers	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Surgical Mask	<input type="checkbox"/> Safety Glasses/Goggles	<input type="checkbox"/> Respirator *	<input type="checkbox"/> Other:
If gloves are to be worn, what type:				Any additional requirements: Hair net, beard cover, single use ppe, type of coveralls?		

Please use a glove chart to determine the best glove.

* **Please note:** In order to wear a respirator, the person must be medically qualified, and fit-tested/trained annually. Contact EHS for more information at env-health-occ-health@ncsu.edu.

Animal Housing Considerations

Where will the animals **be dosed** with chemical? (check all that apply and provide Bldg/Room if known):

<input type="checkbox"/> Animal Care Facility Bldg: Room:	<input type="checkbox"/> Microisolator hoods Bldg: Room:	<input type="checkbox"/> Chemical Fume Hood Bldg: Room:	<input type="checkbox"/> Biosafety Cabinet Bldg: Room:
<input type="checkbox"/> In the PI's lab Bldg: Room:		<input type="checkbox"/> Other:	

Where will the animals be housed **after** exposure?

<input type="checkbox"/> Animal Care Facility Bldg: Room:	<input type="checkbox"/> Microisolator hoods Bldg: Room:
<input type="checkbox"/> In the PI's lab Bldg: Room:	<input type="checkbox"/> Other (must specify):

Medical Consultation

Describe the procedures to be followed if an **accidental exposure** to this chemical occurs to personnel (e.g., researchers, animal care staff).

Immediate action: Check SDS for more information	
Where to take for medical attention:	During normal working hours staff members will seek medical attention at the Occupational Medicine Clinic at Student Health. If an accident occurs after 5:00pm, staff and students will seek treatment at the emergency room at the closest hospital or urgent care center.
What information should be taken for medical attention:	The SDS or other references outlining the hazards for the chemical involved and a note from (or contact information for) the Principal Investigator.

Emergency Procedures

Describe the procedures to be followed if a **spill** of the chemical occurs. It is assumed that this will most likely happen when the dose is being prepared or when the dose is being transported to the location of the animal(s).

Location of spill clean-up materials:	Bldg:	Room:	Location Within Room:
Procedure to prevent others from being exposed to the spill:			
What PPE should be worn to clean-up spill:			
Spill Clean Up Procedures:			
What should be done with contaminated clean-up materials:			
What should be done if spill is too large to clean-up:	On campus - Call 911 from landline or 919-515-3000 from cell phone. The emergency control center will contact EHS Spill team. Off campus - 911		

Decontamination Procedures

Describe the procedures for decontaminating surfaces contaminated with the chemical including counters, cages, etc.:

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Disposal of contaminated items and chemical

Describe the procedures for disposing of contaminated items listed below

Carcasses:	
Bedding:	
Other items:	
Describe the procedures for disposing of chemical remaining after doses have been administered:	

COPY AND PASTE ADDITIONAL FORM 2 FOR EACH CHEMICAL HERE

Form 3: Chemical Specific Standard Operating Procedures

For each chemical listed on Form 1, step by step standard operating procedures (SOPs) MUST be included here or attached as a PDF

The SOP should explain how the chemical is handled by the lab from formulation to administration into animals.

SOPs may be created that address a grouping of different chemicals provided that: the procedure is identical for each chemical, and the chemicals for which the procedure applies are listed in the procedure.