

HAZARD WARNING SIGNAGE REQUEST

Building: _____ **Room:** _____ **# of signs (entry doors):** _____ **Date:** _____

Name of Individual Completing Form: _____

Phone: _____ **Email:** _____

Warning Type: Choose 1

- Danger = immediate danger and that special precautions are necessary.
- Warning = possible hazard against which proper precautions should be taken.

Entry Requirements: Choose all that apply:

- No Entry Without Authorization
- Authorized Personnel Only **(Required if carcinogens are present)**
- Restricted Area
- No Open Flame
- No Open Toed Shoes (Required in chemical/biological labs)
- No Food or Drink (Required in chemical/biological labs)
- Do Not Apply Cosmetics, Lip Balm, or Handle Contact Lenses (Required in chemical/biological labs)
- Lab Coat Required
- Long Pants Required
- Eye Protection Required
- Hand Protection Required
- Wash Hands Before Leaving
- Apron Required
- Full Body Suit Required
- Face Shield Required
- Head Protection Required
- Hearing Protection Required
- Other: _____

General Hazards: Choose all that apply:

- Radioactive Materials (Please Indicate) Isotopes: _____
- Airborne Radioactivity Materials
- Biohazard (present, or potentially present) Pathogens: _____
- Biosafety Level 2
Pathogens: _____

- Biosafety Level 3
Pathogens: _____

- High Voltage
- Electrical Hazard

Cancer Hazard (Requires “Authorized Personnel Only” Label)

List the Carcinogens:

Toxic Gas

Hazardous Chemical/Cancer Suspect Agent
(Requires “Authorized Personnel Only” and “Danger” Label)

List the Carcinogens:

Laser Radiation (Class 3 or 4 laser)

Liquid Nitrogen

Microwave Radiation

Strong Magnetic Field

Chemical Storage Area

Ultraviolet Light (from non-laser equipment)

X-Ray

Chemical Hazards: Choose all that apply - As [defined by GHS](#)

Acute Toxicity

Corrosive

Explosive

Flammable

Compressed Gas

Health Hazard

Irritant - Toxic

Oxidizer

Environmental

Specific Hazards: Choose all that apply:

Radio Frequency

Confined Space

Permit Required Confined Space

Danger Laser Radiation (Class 3b, 4 lasers)

Caution Laser Radiation (Class 3a lasers)

Use of Liquid Nitrogen

Areas of exposure to

Spraying Areas and Paint Storage Rooms;

Powder coating areas; or

Areas where organic peroxides are stored, mixed, or applied.

Areas of storage or utilization of: Choose all that apply:

Hydrogen Quantity: _____

Liquid Nitrogen Quantity: _____

Oxygen Quantity: _____

- High Voltage Voltage: _____
- Asbestos
- Specific Carcinogens
- Lead
- HIV/HBV research

Contact Information:

Please complete the following information:

NAME	TITLE	DEPARTMENT	WORK PHONE	AFTER HOURS CONTACT
EMERGENCIES		University Police	911	911
BUILDING/FACILITIES EMERGENCIES		Work Control	406-994-2107	406-994-2107

Which Safety Officer(s) apply to your line of work? Please select an option from each blue box.

- Chemical _____
- Radiation _____
- Biological _____

NFPA PLACARD: _____

Additional Notes: _____