

New Principal Investigator Questionnaire

PI Name	Lab Manager Name
PI UNI/Email	Lab Manager UNI/Email
PI Primary Contact #	Lab Manager Primary Contact #
Primary Emergency Contact #	Secondary Emergency Contact #
PI Office Room #	Department

Lab Locations (Buildings and Room Numbers):

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Please check all of the following you will be working with:

Room Numbers (If known)

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<input type="checkbox"/> Animals	
<input type="checkbox"/> Compressed Gas Cylinders	
<input type="checkbox"/> Cryogenics	
<input type="checkbox"/> DEA Controlled Substances	
<input type="checkbox"/> Formaldehyde and/or Xylene	
<input type="checkbox"/> Infectious Materials	
<input type="checkbox"/> Lasers	
<input type="checkbox"/> P Listed/Acutely Toxic Chemicals	
<input type="checkbox"/> Peroxide Formers	
<input type="checkbox"/> Radioactive Materials	
<input type="checkbox"/> Recombinant DNA	
<input type="checkbox"/> Human Blood and/or Tissues	
<input type="checkbox"/> Biological Toxins	