Hazard and Risk Evaluation Form

EH&S is available to assist with the recognition, evaluation and control of laboratory hazards. This form is to be used to help evaluate possible hazards reported by members of the Columbia University research community. Please use the fields below to specify your laboratory information and additional descriptive information regarding the experiment or potential hazard, including, frequency of use of the chemical(s), engineering control(s), PPE. Upon receipt of this form, EH&S will respond within 3-5 business days and arrange a meeting to collect additional detailed information and develop a plan of work, in conjunction with the lab staff, to produce the needed recommendation, Standard Operating Procedure(s), or other information.

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Name	UNI
Campus	Building & Room Number
Indicate the <u>chemical(s)</u> to be assessed (T particulate matter)	his may include vapors, mist, aerosols, fumes, dust or
Brief description of the experimental proce	edure
Chemical Concentration to be used in the part Amount of Chemical to be used in the procedure Planned Frequency of the procedure Others(please specify)	
Engineering Controls to be used Others(please specify)	
Personal Protective Equipment to be used Respirator (Mask) Protective clothing Others(please specify)	(please specify the type for each): Gloves Eye Protection
How far along are you in this pregnancy?	etion, please answer the following questions. your occupation/job activities form your physician? to your direct job activities:
	out Specific Exposure during pregnancy and breastfeeding. with or in the vicinity of the chemicals listed in the link: pecificexposures.html
Additional Information:	

SUBMIT