



## CARCINOGEN PROGRAM – APPENDIX C

### REGISTRATION FOR CAMPUS REGULATED CARCINOGENS

*Department Supervisor/ PI : Complete this form and send to Environmental Health and Safety (CHP 148) for use in exposure assessment.*

**Department:**

**PI:**

**Email:**

**Phone:**

**Users:**

**1. List the carcinogen in use; include the activity and location(s) at which employees are exposed, and the expected concentration, frequency and duration of use (attach additional sheets as needed).**

	Carcinogen Used	Location of Carcinogen Use	Initial Conc.	Final Conc.	Frequency
A					
B					
C					

**Describe the air-handling system or containment for location(s) where the work will be performed.**  
(e.g., use of fume hood or safety cabinet, type of filters, pass through or recirculated)

**2. Personal Protective Equipment Used**

A.

B.

C.

**All carcinogen users have taken Laboratory Safety Training and have been adequately trained in the safe use of chemical carcinogens. All personal have read and understood Safety Guidance for Carcinogen Use.**

The above information is accurate to the best of my knowledge:

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Supervisor Name (Printed)*

\_\_\_\_\_ *Supervisor Signature*