

# UNIVERSITY OF RHODE ISLAND

Building: \_\_\_\_\_

Room: \_\_\_\_\_

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

*To be reviewed & updated annually*

## HAZARD COMMUNICATION

This room contains the following hazards:

- Chemicals
  - Flammable
  - Toxic
  - Corrosive
  - Oxidizer
  - Reactive
  - Explosive
- Biohazards
- Compressed Gases
- Cryogenic Gases
- Electrical (High Voltage, High Current)
- Lasers
- Radioactive Materials
- X-Rays
- Designated Area (Specify Chemicals): \_\_\_\_\_
- Other, specify: \_\_\_\_\_

### ***AUTHORIZED PERSONNEL ONLY***

NO EATING, DRINKING OR SMOKING PERMITTED IN THIS AREA. APPROPRIATE PPE REQUIRED.

<b>Fire or Emergency (24/7):</b>	<b>911</b>
<b>Public Safety Dispatch:</b>	<b>874-4910</b>
<b>Environmental Health and Safety:</b>	<b>874-7993 (non-emergency)</b>
<b>Radiation Safety Office:</b>	<b>874-2600</b>
<b>Key Personnel</b>	<b>Department: _____</b>
<b>PI : _____</b>	<b>24 Hr Phone # _____</b>
<b>Name: _____</b>	<b>24 Hr Phone # _____</b>
<b>Name: _____</b>	<b>24 Hr Phone # _____</b>
<b>MSDS/SDS Location:</b>	<b>_____</b>

\*TO BE REVIEWED & UPDATED ANNUALLY BY THE PRINCIPAL INVESTIGATOR OR LAB MANAGER