

**Appendix G  
Project Registration**

<b>OH&amp;S USE ONLY</b> Project # _____
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**Instructions:** Submit completed and signed form for each project to:  
 UAB Occupational Health and Safety, CH19 Suite 445. (FAX: 934-7487).  
 A notice that OH&S has received this form will be sent to the address you provide below.

**A**

Name (Principal Investigator/Title) _____ e-mail address _____ Title of Project _____ _____ Campus/Business Phone # _____ Address _____ Location of Project _____ (Buildings and Rooms) UAB Affiliation _____ (Department, Center or Institute)
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**B**

Check <b>all</b> that apply: <b>Status of this submission:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation of OH&S # _____ <input type="checkbox"/> Renewal <input type="checkbox"/> Resubmission of OH&S # _____ <input type="checkbox"/> Core <input type="checkbox"/> Program Project	Check <b>all</b> that apply: <b>Funding source:</b> <input type="checkbox"/> Private Business in UAB facility; specify: _____ <input type="checkbox"/> External Grant, specify: _____ <input type="checkbox"/> UAB Internally funded, specify: _____
----- Original title if different from title in section A : _____	

**C**

<b>Instructions:</b> Respond to <b>all</b> questions in Section C by checking "No" or "Yes" as it applies to <b>this</b> project. For all "Yes" responses, complete the corresponding question on Page 2.		
<b>Does this project involve:</b> 1. Radioisotopes 2. Carcinogenic/mutagenic/teratogenic chemicals 3. Highly toxic chemicals/drugs 4. Toxins or toxic products 5. Microbial agents or products (bacterial, viral, fungal, parasitic) 6. Human blood, body fluids, tissues, or human subjects 7. Recombinant DNA./RNA molecules 8. Animals (what species: _____ ) 9. Cell/Tissue Culture	<b>Check Response</b> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>PLEASE NOTE</b> Each Appendix G <b>must</b> be accompanied by a brief project description that includes: <ul style="list-style-type: none"> <li>• Overall project objective</li> <li>• Specific aims</li> <li>• If your Laboratory Safety Plan is not on file with OH&amp;S, explicitly state personnel safety precautions and the reason for their selection</li> <li>• A copy of the grant may be requested at a later date.</li> </ul> See OH&S web site for details <a href="http://www.healthsafe.uab.edu">www.healthsafe.uab.edu</a>

UAB Safety procedures applicable to the materials listed above are described in the *UAB Chemical Safety and Waste Management Manual*, *UAB Biosafety Manual*, *NIH Guidelines for Research Involving Recombinant DNA Molecules*, *UAB Radiation Safety Procedures Manual*, and the *UAB General Health and Safety Management Program Manual*.

The signature of the investigator below indicates that he/she is familiar with UAB safety policies relevant to any hazardous procedures or materials used in his/her laboratory and has incorporated safety training, practices, and procedures into the routine of his/her laboratory.

Date \_\_\_\_\_ Signature \_\_\_\_\_

<b>OH&amp;S Use Only Pending Review</b> <b>RAD CHEM BIO</b>
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Appendix G – Project Registration

Personnel involved in the project \_\_\_\_\_

Yes  No Personnel have received documented safety training.

If the response to any question in Section C of this form is "Yes", please **complete all parts** of the corresponding question in Section D. See Instructions for Completing Appendix G at our web site [www.healthsafe.uab.edu](http://www.healthsafe.uab.edu)

1. Radioisotopes used \_\_\_\_\_

Chemical Form \_\_\_\_\_ Used in:  tissue culture  animal tissue  administered to animals

Yes  No Is this protocol on file in the UAB Radiation Safety? If yes, date approved \_\_\_\_\_

Licensee Name \_\_\_\_\_ License Number \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

2. Carcinogenic/mutagenic/teratogenic chemicals used \_\_\_\_\_

3. Highly toxic chemicals/drugs used \_\_\_\_\_

4. Toxins or toxic products used \_\_\_\_\_

5. Microbial agents/products used \_\_\_\_\_

6.  Human blood  body fluids  unfixed tissues  fixed tissue will be used.

Yes  No Is this a Human Gene Therapy protocol?

7. The host/vector system used in this project is \_\_\_\_\_.

I have reviewed the NIH Guidelines and this project is  non-exempt  exempt according to Section \_\_\_\_\_ of the Guidelines. For non-exempt projects attach page 3 of Appendix H Registration Document of Recombinant DNA Research.

8.  Yes  No Will any of the agents listed in section C of this form be administered to animals? If yes describe the following:

Agents administered \_\_\_\_\_

Route of administration \_\_\_\_\_

Place of administration (Building and room #) \_\_\_\_\_

Animal Housing location \_\_\_\_\_

Precautions to be used to protect personnel and animals \_\_\_\_\_

Animal disposal method/location \_\_\_\_\_

Bedding disposal method/location \_\_\_\_\_

9. Check  all that are used  Animal cell culture  Continuous  Primary in this project:  Human cell culture  Continuous  Primary

Complete these statements if this project involves microbial agents, recombinant DNA, human blood, body fluids, or tissues, human or animal cell culture or introduction of any of the above material(s) into animals or humans.

The laboratory biosafety containment level used for this project will be (check one):

BSL1  BSL2  BSL3

The animal biosafety containment level used for this project will be (check one):

ABSL1  ABSL2  ABSL3