

USE OF DESIGNATED SUBSTANCE PERMIT APPLICATION

1. PERMIT HOLDER INFORMATION

NAME:	
TITLE/POSTION:	
FACULTY:	
LABORATORY BUILDING AND ROOM NUMBER:	
OFFICE AND PHONE NUMBER:	

2. DESIGNATED SUBSTANCE: 11 per OHS 2018(check all applicable)

Substance	CAS No.	Requested purchase/use	Quantity
Acrylonitrile	107-13-1		
Arsenic	107-13-1		
Asbestos			
Benzene	71-43-2		
Coke Oven Emissions			
Ethylene oxide	75-21-8		
Isocyanates, organic compounds (specify)			
Lead	7439-92-1		
Mercury	7439-97-6		
Silica, crystalline Quartz Cristobalite	14808-60-7;1317-95-9 14464-461		
Vinyl Chloride	75-01-04		

Note any compatibility concerns with the chemical(s):

3. Methods and Procedures for use: (describe how this substance will be used and what handling procedures are in place to ensure controlled/eliminated exposure. This should included engineering controls (fume hoods etc.), work practices, hygiene facilities and practices etc.

4. What would the probability of risk of exposure for workers/students:

LOW		MEDIUM		HIGH	
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*if exposure is medium/high, further information will be needed. This must include documented procedures and a more detailed control program including training.

5. How and where will this substance be stored:

6. Waste Disposal: detail if hazardous waste will be generated and approximate amounts.

7. To what extent will this material be used – how many people will be using the substance:

Please include any information you would like to add to this document.

Users will be provided appropriate training with documented checklist sign off

Any change to process, method or procedure used to handle this substance will result in the need for a further assessment*.

Applicant

Date

***Further assessment** may be initiated by notifying the H&S Officer of the pending change. The risk assessment documents will be updated accordingly and the JHSC will review. The permit will be revised to reflect the change and the status updated.

The revised permit will be sent to the applicant.