

EHSEB 4300 Lab Scheduling Request Form

Complete and return form to ehsebscheduling@utah.edu

To request the Clinical Skills Lab, email wendy.hughes@hsc.utah.edu

Course Name	
Date of Reservation	
Start Time and End Time	
Number of Students/Attendees	
Brief description of planned lab activity	
Responsible Faculty Member's Name	
College/School	
Program	
Faculty Member's Email	
Support Staff Contact	
Staff Member Contact Email	
Staff Member Phone Number	
Please list personal protective equipment (PPE) that will be utilized, such as gloves, eye protection, etc.	
Please list of any chemicals associated with your activity	

<p>Please include a list of all tissue or biological specimens that will be utilized. Include species type. Include if tissue is fresh or preserved.</p>	
<p>Students participating in this activity have completed the mandatory Environmental Health and Safety (EHS) Training. (Yes or No)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please list which EHS training your students have received, and where the documentation of training is stored.</p>	
<p>Describe any additional safety concerns or precautions that need to be taken for your lab activities.</p>	
<p>Compliance Attestation – I hereby confirm that all materials used in the lab will be disposed of in accordance with the proper procedures. Furthermore, if biohazard materials are involved, I will ensure the completion of the Environmental Health and Safety's (EHS) SAM Request for biohazard pickup.</p> <p>I understand that all supplies, chemicals, and PPE (Personal Protective Equipment) are the responsibility of your program.</p> <p><input type="checkbox"/> Check the box to confirm.</p>	