
CHEMICAL NAME _____

HEALTH AND PHYSICAL HAZARDS

<input type="checkbox"/> NON TOXIC	<input type="checkbox"/> MUTAGEN
<input type="checkbox"/> TOXIC	<input type="checkbox"/> NO PHYSICAL HAZARDS
<input type="checkbox"/> HIGHLY TOXIC	<input type="checkbox"/> COMBUSTIBLE
<input type="checkbox"/> REPRODUCTIVE TOXIN	<input type="checkbox"/> OXIDIZER
<input type="checkbox"/> IRRITANT	<input type="checkbox"/> FLAMMABLE LIQUID/SOLID
<input type="checkbox"/> CORROSIVE	<input type="checkbox"/> WATER REACTIVE
<input type="checkbox"/> SENSITIZER	<input type="checkbox"/> TOXIC GAS GENERATOR
<input type="checkbox"/> CARCINOGEN	<input type="checkbox"/> TERATOGEN

OTHER: _____

PERSONAL PROTECTIVE EQUIPMENT

SAFETY GLASSES WITH SIDESHIELDS
 CHEMICAL SPLASH GOGGLES
 FACESHIELD
GLOVES: TYPE _____
 FUME HOOD
 RESPIRATOR
APRON: TYPE _____
OTHER: LIST _____

TULANE UNIVERSITY
OFFICE OF ENVIRONMENTAL HEALTH & SAFETY · 588-5486

CHEMICAL NAME

HEALTH AND PHYSICAL HAZARDS

- | | |
|---|--|
| <input type="checkbox"/> NON TOXIC | <input type="checkbox"/> MUTAGEN |
| <input type="checkbox"/> TOXIC | <input type="checkbox"/> NO PHYSICAL HAZARDS |
| <input type="checkbox"/> HIGHLY TOXIC | <input type="checkbox"/> COMBUSTIBLE LIQUID |
| <input type="checkbox"/> REPRODUCTIVE TOXIN | <input type="checkbox"/> OXIDIZER |
| <input type="checkbox"/> IRRITANT | <input type="checkbox"/> FLAMMABLE LIQUID |
| <input type="checkbox"/> CORROSIVE | <input type="checkbox"/> SOLID |
| <input type="checkbox"/> SENSITIZER | <input type="checkbox"/> WATER REACTIVE |
| <input type="checkbox"/> CARCINOGEN | <input type="checkbox"/> TOXIC GAS GENERATOR |
| <input type="checkbox"/> TERATOGEN | |
| <input type="checkbox"/> OTHER _____ | |
-

TARGET ORGANS

- | | |
|---------------------------------|--|
| <input type="checkbox"/> LUNGS | <input type="checkbox"/> BLOOD |
| <input type="checkbox"/> HEART | <input type="checkbox"/> PROSTATE |
| <input type="checkbox"/> KIDNEY | <input type="checkbox"/> NERVOUS SYSTEM |
| <input type="checkbox"/> EYES | <input type="checkbox"/> MUCOUS MEMBRANES |
| <input type="checkbox"/> SKIN | <input type="checkbox"/> RESPIRATORY SYSTEM |
| <input type="checkbox"/> LIVER | <input type="checkbox"/> REPRODUCTIVE SYSTEM |
-

PERSONAL PROTECTIVE EQUIPMENT

- | |
|--|
| <input type="checkbox"/> SAFETY GLASSES WITH SIDESHIELDS |
| <input type="checkbox"/> CHEMICAL SPLASH GOGGLES |
| <input type="checkbox"/> FACESHIELD |
| <input type="checkbox"/> GLOVES (TYPE) _____ |
| <input type="checkbox"/> FUME HOOD |
| <input type="checkbox"/> RESPIRATOR (TYPE) _____ |
| <input type="checkbox"/> APRON (TYPE) _____ |
| <input type="checkbox"/> OTHER LIST _____ |
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