

CHEMICAL INVENTORY MANAGEMENT SYSTEM

REGISTRATION FOR USER NAME & PASSWORD

System security controls require that PIs (research labs), Lab Managers and Professors (teaching labs) are the Primary Contacts for lab space under their control. Primary Contacts will be granted full access privileges to chemical information for their laboratories. Alternates will also be granted full access, unless specified otherwise by the Primary Contact. The addendum to this form allows the Primary Contact to list more than one Alternate.

Primary Contact: _____ Panther ID: _____

Dept. / Center: _____ Office Bldg. & Room No.: _____

Office Phone No.: _____ 24 Hour Emergency Contact No.: _____

Will you register with UTS to access this system from off campus locations: Yes _____ No _____

I authorize full access rights for the alternate(s) identified below: Yes _____ No _____

Alternate Access #1 _____ Panther ID: _____

Dept. / Center: _____ Office Bldg. & Room No.: _____

Office Phone No.: _____ 24 Hour Emergency Contact No.: _____

Will you register with UTS to access this system from off campus locations: Yes _____ No _____

Dean's Name: _____ **Chair's Name:** _____

*Instructors, Principal Investigators, or Laboratory Managers responsible for more than one lab or location where chemicals are store: **Please identify ALL these locations on the table below.***

Building	Room No.	Chemicals stored in room? (YES or NO)	Room phone number?	Computer with internet access in this room? (YES or NO)
e.g. CSC	162	YES	X7-2621	YES

If others are storing chemicals in any of your labs, please identify these individuals by name and the location(s) where you are storing chemicals on the behalf.

NAME (Chemical Owner)	Lab Room Number(s)

1. Chemicals include all forms of laboratory chemicals (solids, liquids, compressed gasses, cryogenics, etc.).
2. All information provided must be typed or legibly printed by hand. Forms with missing or illegible (not readable) information will be returned to the Primary Contact.
3. This form must be completed and returned to EH&S (e-mail, fax only – DO NOT SEND BY CAMPUS MAIL) for all labs where chemicals are stored.
4. Once a username and password are assigned to the primary and alternate, all chemical information must be entered into the chemical inventory system within 30 days of notification.
5. It is the responsibility of the Primary Contact to include orphaned chemicals (those that belonged to previous lab occupants no longer with the university) in the lab’s chemical inventory. If you do not intend to use orphaned chemicals please arrange for a hazardous waste pick-up by calling 348-2621
6. If no Alternate is identified, the department chair will be entered into the database by EH&S for emergency contact purposes only. All inventory maintenance requirements will be the responsibility of the Primary Contact.
7. *When an Alternate is no longer associated with a lab it is the Primary Contact’s responsibility to inform EH&S so that system security controls will be maintained current.*
8. If a new Alternate is assigned it is the Primary Contact’s responsibility to fill out this form and send it to EH&S so that a security access level, username and password can be assigned.
9. The 24-hour emergency contact phone numbers for Primary Contact and Alternate will only be available to FIU Public Safety and designated EH&S personnel.
10. If you have any further questions call 72621 and ask for a member of the Lab Safety Team for assistance.

Thank you.

Form Submitted By: _____ Date: _____

ADDENDUM FOR ADDITIONAL ALTERNATES

If there are any additional alternates that will be granted full access privileges to chemical information for the labs, please identify the individuals below:

<p>Alternate # 2 _____ Panther ID: _____</p> <p>Dept. / Center: _____ Office Bldg. & Room No.: _____</p> <p>Office Phone No.: _____ 24 Hour Emergency Contact No.: _____</p> <p>Will you register with UTS to access this system from off campus locations: Yes _____ No _____</p> <p>Alternate # 3 _____ Panther ID: _____</p> <p>Dept. / Center: _____ Office Bldg. & Room No.: _____</p> <p>Office Phone No.: _____ 24 Hour Emergency Contact No.: _____</p> <p>Will you register with UTS to access this system from off campus locations: Yes _____ No _____</p> <p>Alternate # 4 _____ Panther ID: _____</p> <p>Dept. / Center: _____ Office Bldg. & Room No.: _____</p> <p>Office Phone No.: _____ 24 Hour Emergency Contact No.: _____</p> <p>Will you register with UTS to access this system from off campus locations: Yes _____ No _____</p> <p>Alternate # 5 _____ Panther ID: _____</p> <p>Dept. / Center: _____ Office Bldg. & Room No.: _____</p> <p>Office Phone No.: _____ 24 Hour Emergency Contact No.: _____</p> <p>Will you register with UTS to access this system from off campus locations: Yes _____ No _____</p> <p>Alternate # 6 _____ Panther ID: _____</p> <p>Dept. / Center: _____ Office Bldg. & Room No.: _____</p> <p>Office Phone No.: _____ 24 Hour Emergency Contact No.: _____</p> <p>Will you register with UTS to access this system from off campus locations: Yes _____ No _____</p>
