The purpose of this review is to determine the occupational exposure limit and the appropriate steps required to safeguard those working with the animals. In the event of limited information, the hazard will be classified as a Chem 2 and the appropriate precautions will be taken.

Protocol Number: ____________________________ Principal Investigator: ____________________________

Agent: ____________________________ CAS #: __________

Do you have a Chemical Hygiene Plan in the laboratory: □ Yes □ No

Attach a copy of the MSDS. If an MSDS is not available, provide data regarding similar agents. If peer-reviewed literature exists describing excretion and metabolism of this agent in this species, please include.

<table>
<thead>
<tr>
<th>Hazard Identification</th>
<th>Exposure Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD50 □ or LC50 □ (check one)</td>
<td></td>
</tr>
<tr>
<td>Other TOX information</td>
<td></td>
</tr>
</tbody>
</table>

Provide the following information:

- Species/Strain
- Minimum Number to be Dosed
- Maximum Number to be Dosed
- Average Body Weight (g, kg)
- Concentration of Prepared Agent
- Diluent Used
- Treatment Dose (mg/kg, mg/animal)
- Number/Frequency of Dosings
- Route of Delivery
- How Long After Last Dose Will Animals Be Euthanized
- Building/Room Where Agent is Used

The Principal Investigator is responsible for assuring that all personnel working on the research project have training in laboratory health and safety. Contact Safety & Health or visit their website at [http://www.utoledo.edu/depts/safety/index.html](http://www.utoledo.edu/depts/safety/index.html).

1. All personnel working with the agent must have read the MSDS.
2. All personnel must have completed the S&H Laboratory Safety Training session.
3. Spills and personnel exposure must be managed as described in the S&H procedures.
4. All personnel using respirators must comply with the S&H respiratory protection program.
5. The IACUC must approve any changes in proposed chemical use in animals in advance.
6. DLAR management must be notified in writing in advance of the use of this agent.

The information provided regarding the proposed use of this agent is complete and accurate.

PI Signature: ____________________________ Date: ____________________________

Safety & Health Review:
The above agent has been determined to be: □ Chem 0 □ Chem 1 □ Chem 2 □ Chem 3
Room Limit: □ Large Room □ Small Room
Special Instructions: ____________________________

**Please email this completed form along with MSDS to: Monika.DeGregorio@utoledo.edu**