Harvard University

Center for Nanoscale Systems

1 Requester Information

Date of Request	Requester Name
Requester Group or Affiliation	Requester phone, email
2 Material I	nformation
New Chemical Biological Material	Nanomaterial
2.1 Material Name:	
2.2 Material Description:	
3 Describe Intended Use (attach sheets if required)
3.1 CNS Labs/Facilities where Material proposed to be used:	
3.2 Container type and size:	
3.3 Proposed date to bring into Laboratory:	
3.4 Description of proposed use including anticipated quantities	S:
3.5 Proposed date to remove from Laboratory:	
Desweeter Simeture	Data
Requester Signature	Date
To be completed by CNS / FHS staff	
MSDS Received	
Reviewed By	Date
Requester contacted by: Email Phone Eax	Contacted by: Date:

Instructions on reverse

	FM006 Instructions
1.	 Purpose of this Form: 1.1. To ensure that no dangerous or contaminating materials are brought into CNS laboratories without prior stipulations on handling and use. This form provides a mechanism for advanced review and approval of all new chemicals, biological materials, and nanomaterials before they can be brought into any CNS lab or clean room.
2.	 Scope: 2.1. This procedure applies to any liquid or gas chemical, any material to be stored, any substance likely to contaminate laboratories or equipment, any toxic, hazardous, infectious, or radioactive material. 2.2 This procedure applies to any material which may be subjected to grinding, scribing, sawing, polishing, breakage, or any other activity where dust may be generated. 2.3 This procedure applies to any person who has been approved to work in any CNS Laboratory at 11 Oxford Street Cambridge MA.
3.	 How to fill out the Form: 3.1. Complete Material Name: Chemical/material/product name that is on the bottle (i.e. SU8 2000 photoresist series) 3.2 Describe material including known hazards, and list ingredients of known. 3.3 List all CNS locations in LISE building where material is to be used (cleanroom, B15A) 3.2. Container Type & Size: how will material be brought into lab and how stored. For example, 4 liter glass bottle, 5 gram syringe, one gallon plastic 3.5. Proposed Date to Bring into Lab: What date do you hope to start using this material? 3.6. Proposed Date to Remove from Lab: When do you expect experiments will cease? 3.8. Description of Use: Describe how this material will be used, how much of this chemical do you plan on using, how the material will be handled.
4.	Submitting Form 4.1. Complete the form and attach a Material Safety Data Sheet and bring to the CNS Administrative Office in LISE, room 306 4.2. Users are not allowed to enter CNS labs/facilities with requested chemical until this form is signed by all parties and the User receives an approval email from LISE EHS Officer.
5.	 Responsibilities of CNS Administrator 5.1. Administrator will ensure the following: All fields are filled out properly, Form is signed by User, and hardcopy of MSDS (if available) is attached. 5.2. CNS Admin will forward the form and MSDS to EH&S
6.	 Responsibilities of LISE EHS Officer 6.1 Review Material Request Form and material safety data sheet. 6.2 Approve or reject. A chemical may be disapproved based on the following criteria: 6.21 CNS may already have a similar chemical on site. 6.2.2 The toxicity/reactivity data for the material may be unacceptable. If a material is a carcinogen you will be asked to provide evidence that you investigated less toxic material. If a less toxic substitute can not be found the use of the chemical will be limited and controlled. 6.2.3 Material Safety Data Sheet was provided with the chemical. 6.3. Contact requestor to notify of approval or rejection and discuss any special concerns and waste collection strategies. 6.4. Turn around time for approval is between 48 and 72 hours. 6.5. Maintain the records in the G56 office of LISE under the Material Safety Data Sheet file cabinet.