**Pre-Notification/ Application to Acquire Restricted Equipment**

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| **Date:** Click here to enter a date. | **Name:**  | **Title:**  |
| **Office Phone:** **Mobile Phone:**  | **e-mail Address:**  |
| **Department:**  | **Research Group:**  |
| **Location where equipment is to be installed – building & room number :**  |

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| **Equipment Description:**  |

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| **Manufacturer :**  | **Model:**  |
| **Laser Hazard Class:**  | **Power:**  |

**Please attach a site safety plan for the use of this equipment which includes:**

* PI name and emergency contact information
* Name of the Instrument / Equipment
* Date the instrument is to become operational
* Hazards associated with this equipment
* Engineering controls installed to control hazards
* Administrative controls in place to control hazards
* SOP for using this equipment including safety precautions, use of personal
* protective equipment, engineering controls, etc.
* What are the possible consequences of a “catastrophic failure” of safety controls
* Training information made available to those who will be using the equipment
* and also those who may be affected by a “catastrophic failure”
* Emergency procedures following an accident or a catastrophic failure of safety
* controls

Please forward this form and the requested information to:

Deborah Wolfe-Lopez, Georgia Tech Laboratory and Chemical Safety Manager

(debbie.wolfe-lopez@ehs.gatech.edu)

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| **Environmental Health and Safety** |
| **Pre-Notification Received On:** Click here to enter a date. | **Notes:**  |
| **Responded On:** Click here to enter a date. |
| **Signature:**  |

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| **Chemical and Environmental Safety Committee** |
| **Application Received On:** | **Notes:**  |
| **Application Approved On:** **Application Not Approved/** **Returned to Applicant On:** Click here to enter a date. |