

WCMC Laboratory Safety Registration



PURPOSE: This form is used by Principal Investigators initiating research in a WCMC laboratory or core facility and other researchers (e.g. Post-Docs, Research Associates or Students) that need to complete an Electronic Routing Form for a grant submission. If applicable, the Laboratory Safety Registration program provides a standardized process for Principal Investigators to meet federal, state and local laboratory safety requirements including chemical, biological and radiological requirements.

SUBMITTAL: Complete the form and select the classification most appropriate for your research. If prompted, upload this form in the Electronic Routing Form for a grant submittal.

Principal Investigator (Applicant Name):	
Department/Division:	
Position/Title (e.g., Professor, Instructor, Post-Doc, Student):	
Laboratory Safety Registration Classification (select most appropriate classification):	
<input type="checkbox"/>	I am a WCMC faculty member in charge of laboratory space (e.g., Professor, Associate Professor, or Assistant Professor) or Core Facility Director conducting research in a WCMC-owned or leased facility (e.g. New York Presbyterian Hospital, Hospital for Special Surgery). Laboratory Location: _____ Building Main Lab Room Number EHS will contact you to initiate the Laboratory Safety Registration. The Laboratory Safety Registration must be approved before beginning research.
<input type="checkbox"/>	I am conducting research in a non-WCMC owned or leased location (e.g. Rockefeller University, MSKCC). All research activities are being conducted in accordance with the host research institution's safety programs and requirements. <ul style="list-style-type: none">Provide name of host research facility/institution: Provide name of Principal Investigator / Laboratory Director where research is conducted:
<input type="checkbox"/>	I am conducting research in a WCMC laboratory or core facility under an approved Laboratory Safety Registration. I have discussed this research the person in charge of the lab where work will be performed and confirmed all of my research activities are represented in their approved Laboratory Safety Registration. <ul style="list-style-type: none">Provide name of WCMC Faculty or Core Facility Director where research is conducted:
Comments:	

CERTIFICATION

The above information is true to the best of my knowledge and inclusive of all work performed.

Electronic Signature



QUESTIONS?

ENVIRONMENTAL HEALTH AND SAFETY

CALL 646-962-7233 **ONLINE** weill.cornell.edu/ehs **EMAIL** ehs@med.cornell.edu

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