Harvard University
Center for Nanoscale Systems

# CNS Material Request Form

## 1 Requester Information

| | |
|---|---|
| *Date of Request* | *Requester Name* |
| *Requester Group or Affiliation* | *Requester phone, email* |

## 2 Material Information

| | | | | | |
|---|---|---|---|---|---|
| ☐ | 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 volume of material:

3.3 Proposed date to bring into Laboratory:

3.4 *Describe Process and how material will be handled*? _____

_____

_____

_____

3.5 Proposed date to remove from Laboratory:

| | |
|---|---|
| *Requester Signature* | *Date* |

## 4 Assessment

**To be completed by CNS / EHS staff**

☐ Safety Data Sheet or Similar Safety Material Received

| | | | | | |
|---|---|---|---|---|---|
| ☐ | Approved | ☐ | Approved with special instruction | ☐ | Rejected |

| | | |
|---|---|---|
| *Reviewed By CNS* | *Date* | |
| *Reviewed by EHS* | *Date* | |
| *Requester contacted by: __Email __ Phone ___Fax* | *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 photo-resist series )
   3.2 Describe material including known hazards, and list all chemical constituents.
   3.3 List all CNS locations in LISE building where material is to be used (ie 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 Process: Describe the process in which the material will be used. What equipment/tool will be used and how will material be handled during the process?

4. Submitting Form
   4.1. Complete the form and attach a Safety Data Sheet (SDS) 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 SDS (if available) is attached.
   5.2. CNS Admin will forward the form and SDS to EH&S

6. Responsibilities of LISE EHS Officer
   6.1 Review Material Request Form (MRF) and material safety data sheet.
   6.2 Approve or reject. A chemical may be disapproved based on the following criteria:
      6.2.1 CNS may already have a similar chemical on site.
      6.2.2 The toxicity/reactivity data for the material may be unacceptable.
      6.2.3 The material is not compatible with the proposed equipment to be used.
   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 of Material Request Forms in the CNS shared drive under EHS files

7. Responsibility of CNS Staff Member:
   7.1 Review MRF and accept or reject material
   7.2 Sign form and send back to EHS for final approval
   7.3 Develop documented work practices if needed