



Department of Engineering Technology & Construction Management

Laboratory Safety Project Plan	
Project Name: Grant No.: Project Duration:	
Principal Investigator:	Co-Investigator(s):
Building / Room:	
Office Phone:	Lab Phone (If Applicable):
Identification of Hazards: (e.g. chemical, biological, physical (be specific))	
Required Training: Include EHS training (e.g. Laboratory Safety Training, Fire Safety Training, Radiation Safety Training, etc.), departmental training, and individual lab training.	
Medical Monitoring:	
Registrations/Notifications/Permits:	
Special Emergency Procedures	
List of Laboratory Personnel:	
Signature:	Date: