



The University of Texas  
Health Science Center at Houston

**Memorandum of Understanding and Agreement for the Use of Chemical Agents**

**Title of Research:**

**Number:** CSC 00-000

**PI Name:**

**Dept:**

**Lab Room No(s):**

**Phone:**

**Chemical Name:**

**Usage Amount:**

**CAS Number:**

**Storage Amount:**

The referenced chemical has been determined to require Chemical Safety Committee Protocol Review based on the following: (check one) :

\_\_\_\_\_ **Chemicals are listed on the “Mandatory Protocol Review Chemical List”**

\_\_\_\_\_ **Chemical has been found to be potential hazardous because of its toxicological, usage and storage quantities**

**Attach completed “Application for the Use of Acutely Toxic Chemicals”**

*I agree to comply with current regulations and university policies pertaining to the use, storage, transfer and shipment of chemical agents. I will also abide by all of the provisions of UTHHSC Chemical Hygiene Plan and the recommendations of the Chemical Safety Committee.*

\_\_\_\_\_  
P.I. signature

\_\_\_\_\_  
Date

The UTHHSC Environmental Health and Safety Chemical Safety Program has reviewed the above proposal and has verified the classification indicated by the Principal Investigator.

\_\_\_\_\_  
Chemical Safety Representative

\_\_\_\_\_  
Date

The Chemical Safety Committee has been provided a summary of this memorandum of understanding and agreement and concurs with the information provided above. The activities described in this protocol will be reviewed annually.

\_\_\_\_\_  
Chair, Chemical Safety Committee

\_\_\_\_\_  
Date