Appendix I
Room Sign Request Form

Instructions: Each laboratory has a room sign that provides safety information to visitors and housekeeping personnel (see figure on reverse side). The principal investigator is responsible for assuring that appropriate warning information is included on this sign. Please complete this form, print it and return to the Office of Environmental Health and Radiation Safety, 3160 Chestnut Street Suite 400, Mail Code 6287. Signs will be made by that department. Please allow approximately 2-4 weeks for processing.

The sign is composed of four sections (4). Section one contains the building name, room number and department name. Please list the department name, building name and room number below, exactly as you wish it to appear:

Room number: ___________________________ Building: ___________________________
Department________________________________________________________

Section two include names of the researchers in the laboratory. Please print the names below. (List up to 8 names.)

1. ____________________________________  5. ____________________________________
2. ____________________________________  6. ____________________________________
3. ____________________________________  7. ____________________________________
4. ____________________________________  8. ____________________________________

Section three provides warning information to visitors and housekeeping personnel. Special labels are available that are placed into the boxes of this section. The labels contain icons alerting the reader that special conditions exist inside the laboratory. Check all that apply:

☐ CAUTION – BIOHAZARD          ☐ CAUTION – LASER (Class _____)
☐ CAUTION – DESIGNATED AREA WITHIN ☐ CAUTION – MAGNETIC FIELD
☐ CAUTION – RADIOACTIVE MATERIALS ☐ CAUTION – DESIGNATED AREA LABORATORY

** Licensee Name ____________________________

Section four provides an emergency contact phone number(s). Provide name and evening contact number.

Evening  Evening
Contact Name: ___________________________  Contact Phone #: _______________________

Note: You can submit this form directly to EHRS via website:
http://ehrs.upenn.edu/programs/labsafety/chp/appendixi.html

For PSOM laboratories, room sign forms must be completed at
http://www.med.upenn.edu/spo/forms.html#sign

Quantity of this sign needed: ____________

Submitted by (Full-name): ___________________________________________________________________________

School/Department: _______________________________________________________________________________

Building Name: ___________________________________________________________________________________

Room/mail code: __________________________________________________________________________________
Example of Room Sign

ROOM – (# here)
DEPARTMENT OF
(Your department here)

Section One

Section Two

Section Three

Section Four

Section Five

CAUTION

ADMITTANCE TO AUTHORIZED PERSONNEL ONLY

WARNING LABEL

WARNING LABEL

WARNING LABEL

WARNING LABEL

EATING, DRINKING, SMOKING AND APPLYING
COSMETICS ARE PROHIBITED IN THIS AREA
SPECIAL PROCEDURES OR PRECAUTIONS.

Contact: [Evening name & number here] in the event of the loss of any of the following services:

Data Posted:

EMERGENCY INFORMATION:
In the event of a FIRE or CHEMICAL SPILL leave the immediate area and remain at a safe location to provide information to the emergency responders.

ENVIRONMENTAL HEALTH & RADIATION SAFETY (24/7) ........................................ 215-888-4453
Radiation Spill (after business hours) ................................................................. 215-573-6626
UNIVERSITY POLICE (24/7) .................................................................................. 215-573-3333