

## 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 St Suite 400, 6287. Signs will be made by that department. Please allow 6-8 weeks for processing.

The sign is composed of four sections. 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:

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Section two includes the names of the researchers in the laboratory. Please print the names below.

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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:

- |   |   |
|---|---|
| <input type="checkbox"/> CAUTION-BIOHAZARD              | <input type="checkbox"/> CAUTION-LASER (Class ____)         |
| <input type="checkbox"/> CAUTION-DESIGNATED AREA WITHIN | <input type="checkbox"/> CAUTION-MAGNETIC FIELD             |
| <input type="checkbox"/> CAUTION-RADIOACTIVE MATERIALS  | <input type="checkbox"/> CAUTION-DESIGNATED AREA LABORATORY |

Section four provides safety department phone numbers. Provide name and evening contact number.

Evening Contact Name: \_\_\_\_\_ Evening Contact Phone #: \_\_\_\_\_

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

Submitted by: \_\_\_\_\_

School/Department: \_\_\_\_\_

Building Name: \_\_\_\_\_

Room/mail code: \_\_\_\_\_

Example of a Room Sign

Section One

Section Two

Section Three

Section Four

Section Five

<b>Room 123</b>		
DEPARTMENT OF Your department here		
Names	Names	
<b>CAUTION</b>		
ADMITTANCE TO AUTHORIZED PERSONNEL ONLY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EATING, DRINKING, SMOKING AND APPLYING COSMETICS ARE PROHIBITED IN THIS AREA		
Special Procedures or Precautions: Contact, name and phone: _____ in the event of the loss of any of the following services: <input type="checkbox"/> Electricity <input type="checkbox"/> Distilled water <input type="checkbox"/> Steam <input type="checkbox"/> Fume Hood <input type="checkbox"/> Vacuum <input type="checkbox"/> Other _____ Date Printed: _____		
<b>EMERGENCY INFORMATION</b> In the event of a chemical spill, fire or injury that requires outside assistance, contact University Police at 511. If there is a gas or chemical spill, leave the immediate area and remain at a safe distance to provide information to the emergency responders.		
ENVIRONMENTAL HEALTH & SAFETY OFFICE ..... 656-4453 RADIATION SAFETY OFFICE ..... 888-7167 UNIVERSITY POLICE (24 hours a day) ..... 573-3333		