

**CAUTION SIGN REQUEST FORM**

for ROOM: \_\_\_\_\_, BUILDING: \_\_\_\_\_

**CONTACT INFORMATION** -- This should be two individuals who are familiar with potential hazards that exist in the room(s) for which the caution sign is posted. Emergency response personnel may have to contact one of these individuals during non-work hours, necessitating the home phone number.

NAME	DEPARTMENT	OFFICE PHONE	HOME PHONE
1).			
2).			

**HAZARD WARNING STICKERS**

**FLAMMABLE LIQUIDS** - Does the room often contain 5 gallons or more of flammable liquid (NFPA  $\geq$  2)?

Yes \_\_\_\_\_ No \_\_\_\_\_

**TOXIC CHEMICALS** - Does the room often contain: 1). 5 gallons or more of chemicals listed as toxic by EPA, OSHA, and/or the supplier; and/or 2). any amount of chemical with a NFPA rating for health of 3 or 4?

Yes \_\_\_\_\_ No \_\_\_\_\_

**CANCER HAZARD** - Is a known carcinogen used in the room?

Yes \_\_\_\_\_ No \_\_\_\_\_

**CORROSIVE MATERIALS** - Are 5 gallons or more of corrosive materials stored in the room?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please circle any other warning stickers needed: CHEMICAL STORAGE AREA, BIOHAZARD ISOLATION, ELECTRICAL HAZARD, EXPLOSIVES, HIGH VOLTAGE, INFECTIOUS AGENTS, KEEP OUT, LABORATORY ANIMALS, LAZER LIGHT, LIGHT SENSITIVE, MICROWAVE RADIATION, RADIOACTIVE MATERIALS, TOXIC GAS, or ULTRA VIOLET LIGHT.

**NFPA RATING** Health \_\_\_\_\_ Flammability \_\_\_\_\_ Reactivity \_\_\_\_\_

**SPECIAL PROCEDURES OR PRECAUTIONS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many cautions signs do you need? \_\_\_\_\_

**Please return this completed form to the building proctor or Environmental Health Services.  
Thank you!**