



THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
Environmental
Health and Safety

**Laboratory Safety Sign Program
Information Collection Form**

Date:

- New sign
- Revision

**Principle Investigator/Lab
Manager:**

Telephone:

Location where sign will be posted:

Building _____

Room _____

Department:

Primary Emergency Contact

PI/ Lab Manager Name:

Office Location:

Office #:

Emergency #1:

Emergency #2:

Alternate Emergency Contact

Name:

Office Location:

Office #:

Emergency #1:

Emergency #2:

Hazard Symbols

Please circle or mark all that apply.

GHS Hazard Symbols



Other Hazard Symbols



Additional Information/Notes:
Please list BL2/BL3 agents if applicable: