

Complete and return copies by May 6, 2005, to:

- Provost**
- Senior Vice President for Research**
- OEHS, 1314 Kinnear Road, Rm. 210, CAMPUS**

**College Summary Form
Lab Standard Survey**

Date: _____

College Name: _____

College Dean: _____

College Chemical Hygiene Officer or
Chemical Hygiene Committee Chair: _____

1. Number of affected Departments: _____

2. Number of affected Labs:
Sum of # 3 Department Summary Form Lab Standard Survey _____

3. Number of affected faculty:
Sum of # 1 Department Summary Form Lab Standard Survey _____

4. Number of affected faculty who have received Lab Standard Training;
Sum of # 2 Department Summary Form Lab Standard Survey _____

5. Number of affected lab employees:
Sum of # 5 Department Summary Form Lab Standard Survey _____

6. Number of affected lab employees who have received Lab Standard Training:
Sum of # 6 Department Summary Form Lab Standard Survey _____

7. Number of faculty research groups that have completed Chemical Hygiene Plans:
Sum of # 4 Department Summary Form Lab Standard Survey _____

8. Number of lab related injuries or illnesses in 2004?
Sum of # 9 Department Summary Form Lab Standard Survey _____

9. Number of lost workdays due to lab related injuries or illnesses in 2004?
Sum of # 10 Department Summary Form Lab Standard Survey _____

10. Number of faculty conducting research with biohazards?
Sum of #11 Department Summary Form Lab Standard Survey _____