

CRIS Project

Internal DASNR Compliance Checklist

Researcher's Name:	Department:	Address / Phone:
Project Title:		

Does this project involve research with:

Human Subjects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, attach copy of IRB Appr
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Animal Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, attach copy of IACUC A
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Recombinant DNA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, attach copy of IBC Appr
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Biological Agents, Toxins, and Prions Infectious to Animals, Plants, or Humans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, attach copy of IBC Appr
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Radioactive Materials or X-ray Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, attach copy of Radiation Officer Approval
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Class 3b or 4 Lasers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, attach copy of Laser Safi Officer Approval
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Hazardous Chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, indicate the date the Che Inventory List was submitted to Risk Management/Environmen & Safety (RM-EHS). Date:
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Researcher's Signature & Date:	Department/ Unit Head's
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	Signature & Date:
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