

ENVIRONMENTAL ASPECT ASSESSMENT OF LEASED SPACES (emp03-f02)

1. Bus. Name/Department/Area:	2. Location/Building/Floor/Room (be exact as possible):
3. Date of Occupancy:	4. Date of Assessment:
5. Contact Name:	6. Contact Phone Number:
7. Emergency Contact Name(available 24 hours a day):	8. Emergency Contact Number(available 24 hours a day):
9. Description of Business/Research Activity/Process:	
10. Hazardous Agent Assessment	
YES NO UNDETERMINED	A1. <u>Biohazards</u> : Will the occupant be performing activities that involve the use of blood, blood products, human tissue, animal organisms, and/or recombinant DNA?
YES NO UNDETERMINED	A2. If yes, does the Principal Investigator have a Bioagent Registration and Authorization for these materials?
	A3. What is laboratory biosafety level?
YES NO UNDETERMINED	B1. <u>Select Agent and Toxins</u> : Will the occupant be performing activities that involve the use of Health and Human Services or United States Department of Agriculture regulated select agents or toxins? See http://www.selectagents.gov/ for current list.
YES NO UNDETERMINED	B2. Has the registration for the authorized person been obtained for these materials? If yes, list approval number:
YES NO UNDETERMINED	C1. <u>Chemicals, Solvents and Gases</u> : Chemicals, Solvents and Gases: Will the occupant be performing activities that involve the use of chemicals, solvents, or gases? See http://yosemite.epa.gov/oswer/lol.nsf/SearchForm?OpenForm for a current list.
YES NO UNDETERMINED	C2. Will 190 proof or 200 proof alcohols be maintained onsite?
	C3. Provide EHS with a current chemical inventory of all chemicals and gases. See http://www.ehs.ucf.edu/forms.html for Chemical Inventory form. Check here if Chemical Inventory is attached.
YES NO UNDETERMINED	D1. <u>Controlled Substances and Regulated Chemicals</u> : Will the occupant be performing activities that involve the purchase of Drug Enforcement Administration (DEA) List I or II regulated chemicals?
YES NO UNDETERMINED	D2. Will the occupant be performing activities that involve DEA controlled substances? Attach a copy of DEA Form 225. Check here if attached. If yes, are you licensed by the DEA to possess these substances? YES NO

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YES NO UNDETERMINED	D3. Will the occupant be performing activities that involve prescription drugs, medical grade oxygen and/or quantities of diethyl ether in excess of 2.5 gallons? If yes, are you permitted by the Department of Health to possess these substances? YES NO List permit or permit exemption request number.
YES NO UNDETERMINED	E1. <u>Explosives</u> : Will the occupant be performing activities that involve the use or manufacturing of Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) regulated explosives? If yes, attach a copy of each Employee Possessor Form. Check here if attached.
YES NO UNDETERMINED	E2. Are you licensed by the Florida State Fire Marshal to possess explosives? If yes, attach State Explosives License. Check here if attached.
YES NO UNDETERMINED	F1. <u>Sealed and Unsealed Radioactive Materials</u> : Will the occupant be performing activities that involve sealed or unsealed radioactive material sources? If yes, are you an authorized user on the University Bureau of Radiation? YES NO
YES NO UNDETERMINED	G1. <u>Ionizing and non-ionizing radiation</u> : Will the occupant be performing activities that involve ionizing and non-ionizing radiation producing machines? Is the machine currently registered with the Bureau of Radiation Control? YES NO Check here if registration attached.
YES NO UNDETERMINED	G2. Will the occupant be performing activities that involve Class IV or IIIb lasers? Is this laser currently registered with the Bureau of Radiation Control? YES NO Check here if registration attached.
11. Environmental Management Assessment	
YES NO UNDETERMINED	A1. <u>Hazardous Wastes</u> : Will the occupant be performing activities that involve the generation of hazardous wastes? See http://www.epa.gov/epawaste/hazard/wastetypes/index.htm for the definition of hazardous wastes.
	A2. What is the occupants anticipated hazardous waste generator status? LQG, SQG or CESQG?
YES NO UNDETERMINED	A3. If the occupant is a CESQG, would the occupant like UCF EHS to obtain authorization from the FDEP to manage the generated hazardous wastes? If yes, complete and attach the Hazardous Waste Business Agreement. If no, occupant shall copy EHS on all hazardous waste manifests. Check here if agreement attached.

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YES UNDETERMINED	NO	A4. Does the occupant have an EPA ID? If yes, list EPA ID number(s):
YES UNDETERMINED	NO	B1. <u>Water</u> : Will the occupant be performing processes or activities that involve the use of large amounts of potable water? If yes, what is the estimated quantity in gallons per month?
YES UNDETERMINED	NO	B2. Will the occupant be performing activities that may discharge to storm water? If yes, what are those activities?
YES UNDETERMINED	NO	C1. <u>Industrial Waste Water</u> : Will the occupant be performing activities that involve the production of waste water that may exceed the local sewer pollutant limits? Within the City of Orlando see: http://library.municode.com/index.aspx?clientId=13349 Within Brevard County see: http://library.municode.com/index.aspx?clientId=10473 . If yes, what controls are going to be put in place to prevent pollution or to pretreat the waste water (e.g. neutralization, waste water treatment, collection and disposal)?
YES UNDETERMINED	NO	D1. <u>Air Emissions</u> : Will the occupant be performing activities that involve the installation of stationary combustion equipment? If yes, list the equipment and size (e.g. boilers, water heaters, generators).
YES UNDETERMINED	NO	D2. Will the occupant be performing activities that involve the production of hazardous air pollutants (e.g. painting, printing press, air emissions/pollution research activities)?
YES UNDETERMINED	NO	D3. Will the occupant be performing activities that involve the management of ozone depleting substances?
YES UNDETERMINED	NO	E1. <u>Storage Tanks</u> : Will the occupant be performing activities that require the installation of aboveground or belowground storage tanks? If yes, list capacity of tank and its contents.

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12. Emergency Preparedness and Response: Provide EHS with an Emergency Response Plan.

13. Other: Describe any other aspect of the proposed occupancy that could potentially affect the environment.

Contact Signature:

I have read the UCF Laboratory Environmental Management Procedures and I have reviewed the information contained herein, verified that it is accurate and complete to the best of my knowledge and hereby submit this form for EHS concurrence.

Signature:

Date: