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## New Principal Investigator Form

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**Note:** This completed form must be approved by Environmental Health and Safety prior to acquiring biological or chemical material that requires registration under *UCF Guidelines*. Attach supplemental sheets if necessary. The Department should complete and forward New Principal Investigator Form to Environmental Health and Safety.

### **Principal Investigator Information:**

Name with suffix (Ph.D, M.D., etc): \_\_\_\_\_ Start Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_

UCF Email: \_\_\_\_\_ NID: \_\_\_\_\_ UCFID: \_\_\_\_\_

Primary Department: \_\_\_\_\_ Affiliated Department: \_\_\_\_\_

Lab Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ After Hour Phone: \_\_\_\_\_

Office (Building & Room(s)): \_\_\_\_\_ Lab(s) (Building and room(s)): \_\_\_\_\_

#### **Will the new PI be using any of the following:**

- Chemicals
- Biological Materials
- X-Rays
- Animals
- LASERs
- Radioactive Materials
- Controlled Substances / Prescription Drugs
- No Hazards

#### **What type of research space will the new PI be moving into?**

- Shared
- New Lab
- Takeover Space

#### **How will the new PI procure chemicals?**

- New Materials
- Transferred from other facilities
- Both

#### **Department Chair or Director Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Please have the new PI register for PI orientation through Environmental Health and Safety as soon as possible by emailing request to: [Brian.Butkus@ucf.edu](mailto:Brian.Butkus@ucf.edu) or [EHStraining@ucf.edu](mailto:EHStraining@ucf.edu).

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### **Section for EHS use only**

#### Permits Assigned:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> General _____  | <input type="checkbox"/> BBP _____   |
| <input type="checkbox"/> Chemical _____ | <input type="checkbox"/> Bio _____   |
| <input type="checkbox"/> RAM _____      | <input type="checkbox"/> Laser _____ |
| <input type="checkbox"/> X-Ray _____    |                                      |

- Initial Inspection
- Inventory Entry
- PI Orientation

**EHS Signature:** \_\_\_\_\_ Date: \_\_\_\_\_