Policy for Use of the Undergraduate Microbiology Teaching Supplies -80 Freezer

Rationale: The -80 freezer located in the hallway of the 6th floor of Haworth Hall was purchased with IT funds and belongs to the Undergraduate Biology Program specifically to support Microbiology laboratory instruction. The Microbiology Director of Laboratories and the Media Room Staff are responsible for the care and maintenance of the freezer. We recognize the value that freezer space presents for others and we wish to accommodate such opportunities as long as such additional use does not interfere with the primary role of the freezer. With this in mind, we have established the following policy for using and helping to maintain the -80 freezer on the 6th floor of Haworth Hall.

1. Priority for using the freezer:
   a. Undergraduate microbiology laboratory courses
   b. Other undergraduate biology laboratory courses
   c. Other users, if space is available but for periods of time not to exceed 90 days

2. “Other users” must obtain permission from the Microbiology Director of Laboratories and/or the Media Room Staff before placing any item(s) in the freezer. Full disclosure of the nature of the items to be stored must be documented using the attached form. Item(s) must be labeled with name, contact information, date, and contents. Completed forms will be kept in the Media Room, 6039 Haworth.

3. Biosafety Level (BSL) 3 or 4 microorganisms and Chemical hazards* are not allowed.

4. By using space in the freezer, users are agreeing to a) take turns defrosting the freezer with other labs using the freezer, b) find their own backup freezer space during defrosting or in the case of freezer failure.

5. Granting permission to use the Undergraduate Microbiology -80 Freezer does not imply that the Microbiology Director of Laboratories or Media Room Staff assume responsibility for the item(s) stored.

*Hazardous Chemical - any chemical with one or more of the following properties:
• Physical Hazards: Combustible Liquid, Compressed Gas, Explosive, Flammable, Organic Peroxide, Oxidizer, Pyrophoric, Unstable, or Water Reactive.
• Health Hazards: Carcinogens, Corrosives, Irritants, Sensitizers, Toxic or Highly Toxic Agents, Reproductive Toxins, Hepatotoxins, Nephrotoxins, Neurotoxins, Hematopoietic System Agents, Agents which can damage the eyes, skin, lungs, or mucous membranes.
• This includes laboratory chemicals, cleaning agents, floor strippers, maintenance solvents and oils, paints and thinners, compressed gases, printing inks and solvents, photocopy inks and toners, and many other chemical products.

Application for Use of the Undergraduate Microbiology Teaching Supplies -80 Freezer

Name: ______________________________________________________________________________

PI: __________________________________________________________________________________

Lab Location: _________________________________________________________________________

Phone #(s): _________________________________________________________________________

List of items to be placed in the freezer:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date item(s) placed in freezer: __________________________________________________________

Estimated length of time item(s) will be in the freezer (not to exceed 90 days):
____________________________________________________________________________________

Declaration that material is not hazardous:
   Declare BSL (not to exceed BSL 2), if infectious agent:
____________________________________________________________________________________
____________________________________________________________________________________

By requesting permission to use the Undergraduate Microbiology Teaching Supplies -80 Freezer I agree to a) take turns defrosting the freezer with other labs using the freezer, b) find a backup freezer space for my item(s) during defrosting or in the case of freezer failure. I acknowledge that permission to use the Undergraduate Microbiology -80 Freezer does not imply that the Microbiology Director of Laboratories or Media Room Staff assume responsibility for the item(s) stored.

_____________________________________________  _________________
Signature                                      Date

_____________________________________________  _________________
Faculty Signature                              Date