

Cleveland State University

New Experiment Proposal Form

Requesting Individual: _____ Date _____

Department _____ Chairperson Authorization _____
(Must be signed to initiate review)

Experiment Name/Purpose: _____

Class Name/Course Code _____

Location (Building/Room#) _____

List Step by Step procedures to perform experiment: (Attach separate sheet if needed)

List all chemicals to be used:
(Attach MSDS Sheets if available)

- New Chemicals
- Existing Chemicals

Reviewed by: (Signature indicates approval)

Departmental Chemical
Hygiene Officer

Date

University Chemical Hygiene Officer

Date