Toxic Substance Control Act Applicability Determination Form

| Date: | - |
|---|--------------|
| Name: | - |
| Department: | |
| Building/room: | |
| Email: | |
| Work phone: | - |
| Signature or PI: | _ |
| Please check all statements that apply to your laboratory at Auburn University and submit the form to EHS Office TSCA Contact. If you answer yes to any of the following TSCA may apply to your operations and you should complete the Self-Assessment Checklist. | |
| ☐ I synthesize new chemical substances. | |
| ☐ I import (purchase) chemicals directly from vendors outside of the | he USA. |
| ☐ I transfer or provide chemicals (which I previously directly impor US or synthesized in my lab) to other labs at AU and/or other locations. | |
| I export (or hand carry) chemicals to locations outside of the US small quantities used in field research). | SA (includes |
| | |

Please return the completed form to AU Risk Management and Safety via campus mail. A copy should be maintained in your lab.

This form should be revised and submitted whenever conditions change or at least annually.

TSCA Coordinator Dept of Risk Management & Safety Office of Environmental Health and Safety 971 Camp Auburn Road