

**Department Environment and Biodiversity**

Laboratory Unit:	Zool Ecol Lab
Room:	E-2.015
Responsible:	Dr. Sabine Agatha
Technician responsible for this area:	Birgit Weißenbacher
Consultation prior to storage:	Dr. Sabine Agatha
Latest update:	December 2024

**Local Safety Rules for Wet Storage Room (Nassraum)**

- Dr. Sabine Agatha is responsible for the storage room and must be consulted before access to this room and any deposition commences.
- All wet samples/specimens must be kept in chemical resistant and tight sealed sample containers. They have further to be stored in chemical resistant plastic tubs (leakage protection)!
- Labels with name of working group, name of responsible person, and contact data (e-mail, telephone number) are required! Every user is responsible for his/her samples.
- All SDSs (safety data sheets) of used chemicals/fixatives are mandatory and must be deposited in the available file (Inventarliste Nassraum).
- Number of samples/containers and amount of fixatives/chemicals (mL, L) must be provided.
- The file must stay in the room (E-2.015)!
- Storage of undeclared samples or chemicals is forbidden (see above)!
- All samples must be inspected by their owners periodically, especially, those containing picric acid, and refilled if necessary.
- Samples no longer used must be disposed by their owners properly considering the regulations for hazardous waste!
- All procedures and substances must be assessed under GHS and CLP.
- Please stick to the rules indicated by signs on the door and in the room.
- Avoid fire, heat, and electric sparks caused by items.
- The correct protective clothing must always be worn (i.e. lab coat, gloves etc.).
- Eating, drinking, smoking, and application of cosmetics is forbidden!

**Emergency**

Building manager: ext 6821

Fire: 0 – 122

Ambulance: 0 – 144

Info Poisoning Treatment: 01- 406 43 43

User:

I confirm that I have read and understood the above Local Safety Rules

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Laboratory Responsible:

I confirm that above named person was trained on the basis of the Local Safety Rules.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_