

Aquatic Toxicology Facility User Application Form

I. Principal Investigator		
<u>Name</u>	<u>Address</u>	<u>Phone #</u>

II. Contact Person(s)		
<u>Name</u>	<u>Address</u>	<u>Phone #</u>
<u>Name</u>	<u>Address</u>	<u>Phone #</u>

III. Project and Protocol Description (use following page if necessary)
IACUC approval number:

IV. Chemicals to be used (concentrations, route of administration)

V. Chemical Hazard Information Acute Toxicity Data (MSDS, mammalian LD-50 data, references)
Are the chemical(s) listed in section III known carcinogens? (references)

VI. Water Quality Criteria Florida Maximum Contaminant Level (MCL) for drinking water standards		
If MCL data not available, are there other water quality standards (i.e. surface water, groundwater, etc.) and/or surrogate compound data available?		
Will toxicants exceed MCL standards for Florida drinking water or other identified water quality standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How will toxicants be removed?		
What is the total amount of toxicant to be released throughout experiment?	What is the water flow through the entire ATF? (obtain information from lab manager)	What is concentration of toxicant in the effluent from the entire ATF?

VII. Tanks/facilities to be used				
Tank group(s) (A – F)	Tank Number(s)	Other	Beginning Date	Ending Date

VIII. Supporting Information (optional)

Print Name	Signature	Date