Please print or type responses:

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document is an agreement between the student and the PI/supervisor to adhere all applicable safety policies and procedures during laboratory research conducted in the lab.

*Please check each item that was discussed during training or documented during training or identify N/A:*

|  |  |
| --- | --- |
| **General Safety Information** [ ]  [Chemical Hygiene Plan](https://ehs.illinoisstate.edu/downloads/Chemical%20Hygiene%20Plan%201%2023%202020.pdf) [ ]  [Hazardous Communication](https://ehs.illinoisstate.edu/safety/occupational/hazard/)[ ]  [Respiratory Protection](https://ehs.illinoisstate.edu/safety/occupational/respiratory/) (if necessary)[ ]  [Other Occupational Safety Programs](https://ehs.illinoisstate.edu/safety/occupational/)[ ]  [Blood Born Pathogens](https://ehs.illinoisstate.edu/downloads/BBP%20Exposure%20Control%20Plan%202-6-19.pdf)  N/A [ ] [ ]  Explanation of personnel responsibilities[ ]  How to find the Safety Data Sheet ([SDS](http://www.ilpi.com/msds/index.html))[ ]  Policy for consuming food or beverages within the lab.**Lab Specific Safety Issues**[ ]  Location and proper use of showers, eyewash stations,  drench hoses and spill kits[ ]  Knowledge and proper use of all utilities in a chemical  fume hood [ ]  Reviewed pertinent chemical safety Standard  Operating Procedures for the lab[ ]  Proper selection and use of Personal Protective  Equipment (i.e. safety glasses, gloves, lab coat, etc.)[ ]  Process for collecting, labeling, storing and disposal of  hazardous waste generated in the lab[ ]  Requirements for transporting chemicals and gasses.[ ]  Safety precautions for handling extremely hazardous  substances **Biosafety**  N/A [ ] [ ]  Have been provided safety information on the agents I  will be working with.[ ]  Have been informed of what to do in the event of a  spill[ ]  Have been trained on proper use of an autoclave | **Emergency**[ ]  Emergency Response Plans [ ]  Locations of emergency evacuation assembly areas  have been provided[ ]  Where to meet emergency response unit[ ]  Location of emergency contact numbers[ ]  How to report an accident[ ]  Where to go if injured (non-life threatening)[ ]  How to respond to a chemical spill**Working with Animals [ ]** N/A **\****See Vertebrate Animal Care and Use Training SOP for additional training information*[ ]  Familiarization with IACUC Policies and Procedures[ ]  Completed required IACUC training ([CITI](http://www.citiprogram.org), other)[ ]  Have completed [Occupational Health training](https://forms.illinoisstate.edu/forms/working_with_animals_training_certification) from EHS  website. [ ]  Have been provided Health Screening Questionnaire to  complete and share with your health care provider (if  desired)[ ]  Have completed medical screening, if required or  requested[ ] Have reviewed approved IACUC protocol(s) for the lab**Radiation Safety**  [ ]  N/A [ ]  [Radiation Safety Program Manuel](https://ehs.illinoisstate.edu/downloads/radiation/Radiation%20Safety%20Manual%202020.pdf) [ ]  Have been provided safety information on the isotopes  or radiation producing devices[ ]  Have completed radiation training for radioisotopes or  radiation producing devices.[ ]  Have completed radiation safety training for ancillary  personnel. |

We agree on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) that the above-named student has received and understood the training indicated by the checked items involving Laboratory Safety. We understand that failure to complete this form within two weeks of joining the advisor's lab will be a violation of applicable safety procedure, such that the Department or School and University will not stand behind either party during investigation or prosecution of a safety violation. In addition, the advisors have the responsibility to prevent the student from taking part in any experiment in their lab if this form is not completed.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Student Signature of Instructor/Research Advisor