

Agreement to Adhere to Lab Safety Policies

Please print or type responses:

Student: _____

Research Advisor: _____

Building: _____

Room(s): _____

This document is an agreement between the student and the research advisor 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:

General Safety Information

- ___ All aspects of the Chemical Hygiene Plan
- ___ Explanation of personnel responsibilities
- ___ How to find a Safety Data Sheet (SDS)
- ___ 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
- ___ Have been instructed on 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 Procedures

- ___ 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

- ___ Familiarization with IACUC Policies and Procedures
- ___ Completed required IACUC CITI training
- ___ Have completed Working Safety with Animals awareness training and can share that information with your health care provider (if desired)
- ___ Have reviewed approved IACUC protocol(s) for the lab

Radiation Safety ___ N/A

- ___ 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