

Unsupervised Lab Safety Training Form

Department of Biological Sciences – Michigan Technological University

Note: This form should be filled out for each lab space you will be working in.

Lab Information

Building: _____ Room #: _____ Lab's Supervisor/PI: _____

Trainee Information

Name: (print) _____ M#: _____ Email: _____

Complete the safety orientation with the lab's supervisor/PI

- | | |
|--|---|
| <input type="checkbox"/> Importance of safety in your work area | <input type="checkbox"/> Chemical handling and storage procedures |
| <input type="checkbox"/> Evacuation procedures and routes | <input type="checkbox"/> Methods for disposing of laboratory waste |
| <input type="checkbox"/> Location and use of safety equipment
(eye wash, showers, etc.) | <input type="checkbox"/> Location of Safety Data Sheets (SDS) |
| <input type="checkbox"/> Location and use of Personal Protection
Equipment (PPE) | <input type="checkbox"/> Other research lab safety your supervisor deems
necessary |
| <input type="checkbox"/> Location of Standard Operating Procedures
(SOPs) | <input type="checkbox"/> Additional training for task specific duties from
your supervisor |

I have completed the safety orientation as described above:

Trainee's Signature

Date

I have reviewed all safety features with the person for the lab above:

Lab Supervisor/P.I. Signature

Date

I approve this person to have access to my lab:

NO YES If yes, until when? ___/___/_____ (MM / DD / YYYY)

I understand the responsibility of the access I will be given:

- I will not let anyone into the lab with my access swipe or key
- I will swipe my card, even if the door is open
- I will never prop open the door

Trainee's Signature

Date

RETURN COMPLETED SHEET TO THE MAIN OFFICE (DOW 740)

Office Use Only:

Key/Card Request Completed – Date: _____