**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:**

- □ Importance of safety in your work area
- □ Evacuation procedures and routes
- □ Location and use of safety equipment (eye wash, showers, etc.)
- □ Location and use of Personal Protection Equipment (PPE)
- □ Location of Standard Operating Procedures (SOPs)
- □ Chemical handling and storage procedures
- □ Methods for disposing of laboratory waste
- □ Location of Safety Data Sheets (SDS)
- □ Other research lab safety your supervisor deems necessary
- □ 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 □ → 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: ________________