

Department of Biological Sciences - Michigan Technological University  
**UNSUPERVISED LAB SAFETY TRAINING**

**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<br>(eye wash, showers, etc.) | <input type="checkbox"/> Location of Safety Data Sheets (SDS)                                 |
| <input type="checkbox"/> Location and use of Personal Protection<br>Equipment (PPE)        | <input type="checkbox"/> Other research lab safety your supervisor deems<br>necessary         |
| <input type="checkbox"/> Location of Standard Operating Procedures<br>(SOPs)               | <input type="checkbox"/> Additional training for task specific duties from<br>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: \_\_\_\_\_