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
☐ 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 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: __________________