

CHMS Laboratory Orientation and Key Authorization

As the designated Laboratory Safety Coordinator for the laboratory space located in

_____,
(Building and room number(s) of laboratory space)

which is under the supervision of

_____,
(Printed name of Principal Investigator)

I affirm that I have personally provided

(Printed name of new student or employee)

with an orientation specific to the abovementioned laboratory space. I have informed the new student/employee about the nature and location(s) of potentially hazardous equipment and/or materials within the laboratory. I have provided/verified appropriate training on specific SOPs or additional Safety requirements required in this lab space (including, but not limited to biological, laser and/or radiation safety training) and have notified the new student/employee that additional training may be required before undertaking new tasks or SOPs. Furthermore, I have informed the new student/employee that campus policy prohibits unsupervised work in the laboratory before completion of the following safety training:

Departmental Safety Training *(conducted by CHMS Safety Coordinator)*

(Department Safety Coordinator signature) _____ *(date)*

Chemical Laboratory Safety *(online course – attach certificate of completion)*

Finally, I affirm that I have encouraged the new student/employee to ask either me, the Principal Investigator, or the Departmental Safety Coordinator about any laboratory procedures or safety guidelines that are unclear to him/her.

(Lab Safety Coordinator signature) _____ *(date)*

I acknowledge that I have received and understood the laboratory orientation described above, and that I understand the training requirements that I must satisfy before being allowed to work unsupervised in the laboratory. Likewise, I acknowledge that I have been encouraged to ask questions about any procedures or safety guidelines that are unclear to me and that I will not share my key and/or passcodes with unauthorized parties.

(New employee or student signature) _____ *(date)*

I hereby authorize the CHMS department to provide the abovementioned new student/employee with keys and/or passcodes to my laboratory space listed above.

(P.I. signature) _____ *(date)*