Laboratory Safety Agreement

By signing and dating below, I agree to abide by University and departmental policies and procedures relating to safety while in any University laboratory, including items listed below:

1) I will wear appropriate protective eyewear in the laboratory.

2) I will not wear open-toe shoes.

3) I will wear the appropriate personal protective equipment and clothing selected and provided by my supervisor, which may include respiratory protection, hearing protection, gloves, aprons, and lab coats.

4) I will know the location of emergency equipment within the laboratory, including Material Safety Data Sheets (MSDS) for lab chemicals, the safety shower, eye wash station, first aid kit, fire extinguisher, fire alarm pull stations, and hazardous materials spill kits, and have been instructed on how to use them.

5) I will not eat, drink, chew gum or tobacco, or apply cosmetics in the laboratory.

6) I will not store food or drink in laboratory refrigerators.

7) I will properly manage and dispose of hazardous materials.

8) I will properly manage and dispose of sharps and broken glass.

9) I will properly label containers.

10) I will keep aisles and doors clear and unobstructed within the laboratory.

11) I will ensure compressed gas cylinders are properly secured.

12) I will keep all emergency equipment, including safety showers, eye wash stations, first aid kits, fire extinguishers, fire alarm pull stations, fire sprinkler heads, fire alarm horn/lights, and electrical panels clear and unobstructed.

13) I will use a fume hood and other safety equipment to prevent exposure to hazardous materials.

14) I will observe all posted signage, procedures and policies.

15) I will promptly report any accident or unsafe condition to my supervisor.

16) I know the location of electrical panels and gas shut-off valves for the laboratory.

______________________________   ______________________________
Signature                               Date

______________________________   ______________________________
Supervisor’s Signature                 Date

This form is filed with the department.