

EHS CLEARANCE FORM
Department of Chemistry
Massachusetts Institute of Technology

PLEASE PRINT NEATLY

Researcher name _____ Kerberos username _____

MIT ID # _____

Supervisor name _____

FOR WORK WITH HAZARDOUS SUBSTANCES

RESEARCHER

I have read and understood the contents of the Department Chemical Hygiene Plan and Safety Manual, and I am familiar with the hazards associated with the chemicals in use in my work area. I have attended the January Chemical Hygiene and Safety Lecture (or watched a video of the lecture).

Signature _____ Date _____

SUPERVISOR

I have discussed the Chemical Hygiene Plan and quiz questions (see reverse side of this form) with _____ and we have also reviewed the hazards associated with the chemicals in use in our laboratory.

Signature _____ Date _____

FOR WORK THAT WILL NOT INVOLVE HAZARDOUS SUBSTANCES

RESEARCHER

I will not be working in an area in which hazardous substances are in use.

Signature _____ Date _____

SUPERVISOR

_____ is a member of my group and will not be working in an area in which hazardous substances are in use.

Signature _____ Date _____

All researchers must submit completed form to Jim Doughty,
Room 4-469 before beginning laboratory work.