CENTER FOR MATERIALS SCIENCE AND ENGINEERING
BUILDING 13 - LABORATORY ACCESS REQUEST FORM
YOU MUST COMPLETE THIS FORM AND BRING IT TO 13-2070 IN PERSON

A. LABORATORY INFORMATION:

Professor’s Name and Lab Number* __________________________
*This is the lab where you are requesting access.

Faculty Signature** __________________________________________
Please sign and print name
**This is the faculty member from whom you are requesting access.

B. APPLICANT INFORMATION:

Print Name: Last __________________________ First __________________________
Identification: MIT ID ________________ Kerberos __________________________

Position (Circle one): Faculty Post Doc Grad Student Undergraduate Student Staff
Research Specialist Visiting Scientist UROP Other __________________________

Office Address:____________________________ Phone Number:____________________________

Email Address:____________________________

D. FACULTY/LAB SAFETY REPRESENTATIVE CERTIFICATION:

I have discussed the CMSE Chemical Hygiene and Safety Plan and have reviewed the hazards associated with the laboratories specified above with the researcher and accept responsibility for the ongoing supervision and chemical hygiene and safety training of this individual while he/she works in my laboratories.

Signature:________________________________________ Date:________________________

C. APPLICANT SAFETY INFORMATION:

The following hazards are present in the assigned lab(s) (Circle all relevant):

Chemical Biological Laser Radioactive Cryogenics High Voltage X-Rays

I have:
☐ Read and understood the CMSE Chemical Hygiene and Safety Plan.
☐ Completed the Chemical Hygiene AND Hazardous Waste Hypercourses (https://web.mit.edu/training/my_training.html) on Date: __________________________
☐ Reviewed the specific hazards associated in the labs specified above with the faculty advisor or designated safety rep of lab

YOU MUST COMPLETE THE EHS CHEMICAL HYGIENE AND HAZARDOUS WASTE TRAINING COURSES. CMSE WILL CHECK THE EHS TRAINING SITE BEFORE GRANTING YOU ACCESS TO LABS.

Applicant Signature:________________________________________