A. LABORATORY INFORMATION:

Professor’s Name and Lab Number (if needed)*

*This is the lab where you are requesting access.

Faculty Signature**

**This is the faculty member whose lab you are requesting access.

B. APPLICANT INFORMATION:

Print Name: Last ____________________________ First ____________________________

Identification: MIT ID ____________________________ Kerberos ____________________________

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

Office Address: _______________ Phone Number: ____________________________ Email Address: ____________________________

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: ________________________________________________________________________________________________

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: ____________________________