Laboratory or Professor’s Name

Print Name(Applicant)

Position:(Circle One) Faculty, Post Doc, Grad Student, Undergraduate Student, Research Specialist, Staff, Visiting Scientist, UROP. (Other) 

MIT ID Number (required)  

Applicant's Office and Phone Number  Email address  

Principal Investigator/Advisor Signature Please Sign and Clearly Print Name

RESEARCHER:
The following hazards are present in the assigned lab(s);

- Chemical
- Biological
- Laser
- Radioactive
- Cryogenics
- High Voltage
- X-Rays

I have:

- Read and understood the CMSE Chemical Hygiene and Safety Plan.
- Watched the online Chemical Hygiene and Safety video at; [http://web.mit.edu/smcs/cmse/] (optional)
- Completed the Chemical Hygiene AND Hazardous Waste Hypercourses; Dates: __________________________ http://ehs.mit.edu/site/training
- Reviewed the hazards associated in the labs specified above.

Applicant
Signature: __________________________ Date: __________

SUPERVISOR

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: __________

YOU MUST COMPLETE THE CHEMICAL HYGIENE AND HAZARDOUS WASTE TRAINING COURSES AND SUBMIT THIS FORM TO 13-2070 IN PERSON

[http://web.mit.edu/environment/training/]

Please return form to Ed Kruzel in room 13-2070
Tel: (617) 253-6814, Fax: (617) 258-6478