
MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Department of Materials Science and Engineering

DMSE LABORATORY KEY AUTHORIZATION FORM

**LABORATORY-SPECIFIC SAFETY TRAINING HAS BEEN PROVIDED AND AGREED TO, AND THE
CHEMICAL HYGIENE PLAN HAS BEEN READ; PLEASE ISSUE A KEY CARD FOR:**

Laboratory Number: _____
(Bldg. and Room No.)

Name: _____
Last First

Position (Circle One): Faculty, Post Doc, Graduate Student, Undergraduate
Student, Research Specialist, Sr. Secretary, Visiting
Scientist, UROP Student, Other:

Exp. date of Termination: _____

_____ Department Office Number
MIT ID Number

_____ Fax Email
Phone

Print Name of Principal Investigator
or Laboratory Supervisor: _____

Approval Signature, P.I. or Lab. Super.: _____

Approval Signature
Joe Glogowski, DMSE EHS Coordinator: _____

Signature, Key Recipient: _____
Date:

DMSE AUTHORIZATION SIGNATURE FOR KEY CARD