

Department of Physics and Astronomy, University of Utah
General Safety and Chemical Hygiene Plan Completion Form

I, _____
(print full first and last name)

have read, and/or attended the safety training sessions and agree to follow all of the safety rules described in the Department General Safety and Chemical Hygiene Plan and in the Safety Presentations. I realize that I must obey these rules to insure my own safety, and the safety of those around me.

I realize that I must also complete the lab specific training outlined by my supervisor before beginning work in my laboratory.

I am aware that any violation of this contract that results in unsafe conduct in the laboratory or irresponsible behavior on my part, may result in dismissal from the laboratory and more serious consequences may result.

My supervisor/professor is _____

General safety

Signature: _____ Date: _____

PI/ safety committee rep Signature: _____ Date: _____

Chemical safety:

Signature: _____ Date: _____

PI/ safety committee rep Signature: _____ Date: _____

Laser safety:

Signature: _____ Date: _____

PI/ safety committee rep Signature: _____ Date: _____

Cryogenic safety:

Signature: _____ Date: _____

PI/ safety committee rep Signature: _____ Date: _____

Lab specific training: (...)

Signature: _____ Date: _____

PI/ _____ Date: _____

(Committee recommends that the participant keep one copy of this form, the other copy should be collected and kept by a supervisor or by the safety committee. In the later case the scanned copy of the form will be sent to the supervisor)