



## Student Research Laboratory Access Checklist

Student Name \_\_\_\_\_

Student ID# A \_\_\_\_\_

Laboratory Building and Room Number(s) \_\_\_\_\_

Time Period/Semester for Laboratory Access \_\_\_\_\_

### Requirements:

- 1) Submission of Research Lab Access Approval Form
- 2) Attend Laboratory Safety Training presentation by Chemical Hygiene Officer and completed Laboratory Safety Test.
- 3) Read, Sign and Submit Laboratory Safety Agreement Form after individual training with faculty

### Date Research Lab Access Approval Form Reviewed and Approved by :

	Name	Date
Research Adviser	_____	_____
Department Chair	_____	_____
Chemical Hygiene Officer (CHO)	_____	_____
If necessary, Laboratory Safety Committee	_____	_____

### Date the Student :

Attended Laboratory Safety Training presentation \_\_\_\_\_

Completed the Laboratory Safety Test \_\_\_\_\_

Read and Signed Student Agreement Form \_\_\_\_\_

Submitted the Research Lab Access Approval Form to CHO \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Date Work Order Submitted for Laboratory Access \_\_\_\_\_

Date Student Granted Access to Research Lab \_\_\_\_\_

Work Order Number \_\_\_\_\_