



Laboratory Check-In Form (Graduation Project Students)

Lab User's Name: _____

Date(s): _____

Laboratory Name: _____

Room(s): _____

Hazard Identification							
Please check all hazards that apply to your lab							
Compressed Gas		Oxidizers		Corrosive Chemicals		Laser	
Flammable Chemicals		Reactive Chemicals		Biohazard		X-Ray	
Toxic Chemicals		Poisonous Chemicals		Radiation		Liquid Nitrogen	

- I understand that my supervisor will be _____ and I will be authorized to work in the following location(s) _____
from _____ to _____ (time) on the following dates _____ .
- I have read the Laboratory Safety Manual and agree to follow the policies and procedures specified therein.
- I have received and understand lab-specific training concerning lab hazards, the use & function of lab specific equipment, the location of safety equipment and the safe handling and storage of chemicals in the laboratory.
- I understand that I cannot work alone in the laboratory under any circumstances, to ensure my safety.
- I have access to and know the location of the safety data sheets in my laboratory that describe hazards of chemicals in the laboratory.
- I understand that I must use safety glasses, gloves, lab coat and any other personal



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protective equipment that is required for laboratory work at all times.

- I understand the proper procedures for managing unwanted laboratory materials (waste) in the laboratory.
- I know the location of safety equipment (i.e., first-aid kit, fire extinguisher, safety shower, eyewash, etc.) and their function in laboratories I am assigned to work in.
- I understand that before I use any laboratory equipment, I must receive training in proper use and function.
- I understand that before I leave the laboratory I must:
 - ✓ Properly dispose of all chemical waste, old samples and buffers that are not needed.
 - ✓ Properly store and label all my products to be kept by my group for further use.
 - ✓ Prepare a complete inventory of all products remaining behind.
 - ✓ Clean up my personal workspace.
 - ✓ Switch off/disconnect all the electric equipment and other Lab tools after work.
 - ✓ Ensure to leave a note which includes my name, supervisor's name type of experiments and date in my work place or running equipment in the lab for use by others.

 Lab User's Name

 Project Supervisor's Name and Signature

 Lab Supervisor's Name and Signature

 Date