Chemical Hygiene and Safety Briefing Form

Name: ____________________________________________

Supervisor: _______________________________________

Group: __________________________________________ 

Lab Room Number(s): ______________________________ 

Starting Date: __________________________ Expected end date: ______________________________ 

_____ Faculty
_____ Research Associate / Staff
_____ Postdoctoral Associate
_____ Graduate Student
_____ Undergraduate Student
_____ Technical Staff
_____ Visiting Scientist
_____ Other (specify) ____________________________ 

The above laboratory worker has been briefed on chemical hygiene hazards and safety associated with his or her proposed program of work.

The worker has been informed that toxic or hazardous substances may be used in the course of this work, and of the proper action to take if exposure to such substances should occur.

The worker has read the Departmental Chemical Hygiene Plan and Safety Manual and has had any questions concerning its contents answered by the supervisor or a member of the Departmental Chemical Hygiene and Safety Committee.

Student/Employee Signature __________________________ Date _____________ 

Briefing Employee __________________________________ Date _____________ 

Principal Investigator / Supervisor ______________________ Date _____________ 

This form must be submitted to the Senior Administrative Officer of the Department, Room 8-309, before the Chemical Hygiene and Safety Examination is taken. The issuance of keys to laboratories is contingent upon completion of this form and upon the successful completion of the examination.

April 30, 1992