

# LAB ACCESS FORM

SCHOOL OF ENGINEERING

University of Guelph

Year \_\_\_\_\_

Winter, Summer or Fall Semester

This form and a Lab Work Outline must be completed before ANYONE can begin to work in a lab. Once completed and accepted, your University ID card will be enabled to unlock the requested labs or a key will be provided. This form must be completed at the beginning of each semester if you intend to continue to work in a lab. Failure to do so will result in the loss of lab access. Completed forms are to be submitted to Phil Watson in Room 1140.

Title of Project: \_\_\_\_\_ Lab Room #: \_\_\_\_\_

Are you currently working in a lab?	Yes	No
Has the lab technician given you a lab orientation?	Yes	No
Have you completed the "WHMIS 2015" course?	Yes	No
And "Laboratory Safety" course?	Yes	No
And "EHS Worker Health and Safety Awareness" course?	Yes	No
Is your project a Biohazard?	Yes	No
If yes to above: What is the Biohazard permit number for the project? _____		
Have you completed the "EHS Biosafety" course?	Yes	No
Is there a Laser in the lab?	Yes	No
If yes to above: Have you completed the "Laser Safety Training" course?	Yes	No
Has an up to date "Lab Work Outline" form been submitted?	Yes	No
Have you posted a "Research Information Sheet" in your work area?	Yes	No

In signing this form, I indicate that I have read the appropriate documents including MSDS, the University of Guelph Laboratory Safety Manual, and other applicable safety standards and that I have discussed the safety aspects of my project with my advisor. Further, I indicate that I understand the hazards of my workplace and agree to work in a safe manner.

Researcher: Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Email: \_\_\_\_\_

In signing this form, I indicate that I have reviewed the researcher's original or amended Lab Work Outline and have found it satisfactory. I have discussed the safety aspects of the project with the researcher and I believe the researcher understands the hazards of his/her workplace sufficiently to work safely. Further, I acknowledge that I have the ultimate responsibility for the safety of this project.

Supervisor/Advisor: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

In signing this form, I indicate that I also have reviewed the researcher's original or amended Lab Work Outline and have found it satisfactory. I have discussed the safety aspects of the project with the researcher.

Lab Technician: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_