

# 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 John Whiteside in Room 1136.

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 U of G WHMIS training?	Yes	No
And "Lab Safety" course?	Yes	No
And "Worker Health and Safety Awareness and Due Diligence" 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 U of G "Introduction to Biosafety" 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 \_\_\_\_\_