

Shared Research Operations

Room Specific Safety Training Agreement

I, (print full name) _____, have received safety and user protocol training required to utilize:

room(s) _____

Furthermore (please initial each item below):

_____ I have been instructed in the location of fire alarms, points of egress, safety equipment, and hazards present in the lab.

_____ I am familiar with and know how to access the Lab Safety Plan and SRO User Manual.

_____ I understand that misuse of the equipment, facility, or deviation from user protocol may result in personal injury, damage to personal property, loss of privileges and could lead to financial liability.

_____ I will seek pre-approval before bringing any hazardous sample (e.g. BSL-2, nanoparticles, etc.) into an SRO facility.

_____ I will adhere to safety protocols by wearing appropriate personal protective equipment (PPE), reading SDS before working with hazardous chemicals, properly disposing of hazardous materials, following equipment SOPs, and immediately reporting unsafe equipment, behavior, or incidents.

User netID: _____

User signature: _____ Date: _____

SRO Staff signature: _____ Date: _____