Department of Physics and Astronomy, University of Utah

General Safety and Chemical Hygiene Plan Completion Form

I, _______________________________________
(print full first and last name)

have read, and/or attended the safety training sessions and agree to follow all of the safety rules
described in the Department General Safety and Chemical Hygiene Plan and in the Safety Presentations.
I realize that I must obey these rules to insure my own safety, and the safety of those around me.
I realize that I must also complete the lab specific training outlined by my supervisor before
begining work in my laboratory.
I am aware that any violation of this contract that results in unsafe conduct in the laboratory or
irresponsible behavior on my part, may result in dismissal from the laboratory and more serious
consequences may result.

My supervisor/professor is __________________________

General safety
Signature:_________________________________                        Date: ______
PI/ safety committee rep Signature: ___________________________Date:______

Chemical safety:
Signature:_________________________________                        Date: ______
PI/ safety committee rep Signature: ___________________________Date:______

Laser safety:
Signature:_________________________________                        Date: ______
PI/ safety committee rep Signature: ___________________________Date:______

Cryogenic safety:
Signature:_________________________________                        Date: ______
PI/ safety committee rep Signature: ___________________________Date:______

Lab specific training: (....

Signature:_________________________________                        Date: ______
PI/ ___________________________Date:______

(Committee recommends that the participant keep one copy of this form, the other copy should
be collected and kept by a supervisor or by the safety committee. In the later case the scanned copy of
the form will be sent to the supervisor)