

## Laboratory Check-In Form

This document must be read and initialed by all researchers who work in laboratories. Researchers include faculty members, staff, visiting scientists, post-doctoral associates, graduate and undergraduate students, and workers hired on an hourly basis.

No research shall begin until each category in this form has been initialed and dated, and the completed form reviewed and approved by the appropriate supervisor or lab manager.

Initial	
1	<b>Assignment</b> – I understand that my supervisor will be _____ and I will be authorized to work in the following locations _____
2	<b>Laboratory Safety Manual</b> - I have read the Iowa State University Laboratory Safety Manual, know its location in our laboratory and agree to follow the policies and procedures specified therein.
3	<b>Hazard Inventory Form</b> - I have completed a Hazard Inventory Form and sent it to EH&S on _____ (date). I understand that I must complete another form if I change job positions, work responsibilities and/or if workplace hazards change (including starting a new lab method).
4	<b>EH&amp;S provided Training</b> - I have completed a training needs assessment on the EH&S website and have completed required training courses offered by EH&S online or in a classroom. Copies of training records have been submitted to the administrative office for filing.
5	<b>Lab-Specific Training</b> - I have received and understand lab-specific training concerning lab hazards, the use & function of lab specific equipment, the location of safety equipment and the safe handling and storage of chemicals in the research laboratory.
6	<b>Laboratory inspections</b> - I am aware that I am responsible for keeping my personal workspace clean and assisting with regulatory compliance efforts in the laboratory that may include routine laboratory inspections.
7	<b>Standard operating procedures (SOP)</b> - I have reviewed the Standard Operating Procedures for all lab processes that I will perform that involve chemical, biological and radioactive materials. I understand that I must develop SOPs whenever new research methods are developed in the lab during my stay and must review them with my supervisor.
8	<b>Working alone in the laboratory</b> - I understand that research may need to be conducted at all hours of the day. I may need to find a companion to work in the lab at the same time so that I am not alone in the lab in case of an emergency during a particular experiment or I may agree to call a friend/supervisor every 30 min (or other designated time) to ensure my safety.
9	<b>Safety Data Sheets (SDS)</b> - I have access to and know the location of the safety data sheets (SDS) in my laboratory that describe hazards of chemicals in the laboratory. I understand the SDS sheets are there for my use at any time.
10	<b>Personal Protective Equipment (PPE)</b> - I understand that wearing safety glasses or goggles and a lab coat are required for laboratory work at all times. When working with chemicals or biohazards I should also wear gloves that are recommended to protect against the hazard in question. I have read and understood the information concerning personal protective equipment contained in the Laboratory Safety Manual.

11	<b>Waste disposal</b> - I understand the proper procedures for managing unwanted laboratory materials (i.e., waste) in the research laboratory.
12	<b>When Injured</b> - If I am injured at work (even if I think the injury is too minor to do so), I know that I must report the injury to _____ (supervisor) who will assist me in seeking medical treatment as stated in section I of the Laboratory Safety Manual. Briefly, <i>For non-life threatening treatment:</i> employees report to McFarland Clinic Occupational Medicine Office (515) 294-4496 students report to ISU Student Health Center (515) 294-5802. <i>For life threatening treatment:</i> employees and students call 911 (remember to state that you are at Iowa State University) <i>After hours:</i> employees, students report to Mary Greeley Medical Emergency Dept. (515) 239-2011
13	<b>Emergencies</b> - I have reviewed the Emergency Action Plan for my laboratory and know my responsibilities when faced with an emergency. I understand where the research group will assemble in the event of fire or severe weather and I will help to check that everyone in our research group is accounted for.
14	<b>Emergency equipment</b> - I know the location of safety equipment (i.e., first-aid kit, fire extinguisher, safety shower, eyewash, spill kits, etc.) and their function in laboratories I am assigned to work in.
15	<b>Laboratory Specific Equipment</b> - I understand that before I use laboratory equipment in my research laboratory, I must receive training in their proper use and function. I have been trained on the following equipment:  _____  _____  _____  _____
16	<b>Research Records</b> - I understand the laboratory recordkeeping practices specified by my research group and where I should store my lab notebook, research documents and computer data files generated from my work.
17	<b>Check out</b> - I understand that before I leave the laboratory, I must complete a checkout procedure that will include: <ul style="list-style-type: none"> <li>(a) Properly disposing of all chemical waste and old samples and buffers that are not needed.</li> <li>(b) Properly storing and labeling all research products to be kept by my research group for further use.</li> <li>(c) Preparing a complete inventory of all research products remaining behind.</li> <li>(d) Cleaning up my personal workspace.</li> <li>(e) Ensuring that my lab notebooks are up to date and left in the lab for use by others.</li> <li>(f) An inspection by the PI/supervisor, lab manager or safety officer.</li> </ul>

\_\_\_\_\_  
Name of employee

\_\_\_\_\_  
Supervisor, lab manager or safety officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date