## DWA STATE UNIVERSITY

OF SCIENCE AND TECHNOLOGY

**Environmental Health and Safety** 

2408 Wanda Daley Drive Ames, Iowa 50011-3602 Phone: (515) 294-5359 www.ehs.iastate.edu

## **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 assistants, 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 has been reviewed and approved by the appropriate supervisor or lab manager.

Initial			
1	Assignment – I understand that my supervisor will be and		
	I will be authorized to work in the following locations		
2	Laboratory Safety Manual - 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	Hazard Inventory - I have completed a Hazard Inventory and submitted 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 laboratory method).		
4	<u>Lab-Specific training</u> - I have received and understand lab-specific training concerning laboratory hazards, the use and function of lab specific equipment, the location of safety equipment and the safe handling and storage of chemicals in the research laboratory.		
5	<u>Laboratory inspections</u> - I am responsible for keeping my personal workspace clean and assisting with regulatory compliance efforts in the laboratory that may include routine laboratory inspections.		
6	Standard operating procedures (SOP) - 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.		
7	Working alone in the laboratory - 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.		
8	Safety Data Sheets (SDS) - 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.		
9	Personal Protective Equipment (PPE) - I understand that wearing safety glasses or goggles, fully enclosed shoes, 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 PPE contained in the Laboratory Safety Manual.		
10	<b>Waste disposal</b> - I understand the proper procedures for managing unwanted laboratory materials (waste) in the research laboratory. I am familiar with the <u>ISU Waste and Recycling Guidelines</u> and how to access it for additional information on the proper disposal of atypical waste generated in the laboratory.		

11	When Injured - If I am injured at work (eve	en 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,		
	For non-life threatening treatment: employe	ees report to McFarland Clinic Occupational	
	Medicine Office (515) 294-4496 students report to ISU Student Health Center (515) 294-		
	5802.	. , ,	
	For life threatening treatment: employees a	and students call 911 (remember to state that you	
	are at Iowa State University)		
	After hours: employees, students report to	Mary Greeley Medical Emergency Dept. (515)	
	239-2011		
12	Emergencies - I have reviewed the Emerg	gency Action Plan for my laboratory and know my	
	responsibilities when faced with an emerge	ency. I understand where the research group will	
	assemble in the event of fire or severe wea	ather and I will help to check that everyone in our	
	research group is accounted for.		
13		on of safety equipment (i.e., first-aid kit, fire	
	extinguisher, safety shower, eyewash, spil	kits, etc.) and their function in laboratories I am	
	assigned to work in.		
14		stand that before I use laboratory equipment in	
		ning in their proper use and function. I have been	
	trained on the following equipment:		
		<del></del>	
15	Research Records - 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.		
16		re the laboratory, I must complete a checkout	
	procedure that will include:	•	
		waste, old samples, and buffers that are not	
	needed.	, , ,	
	(b) Properly storing and labeling all re	search products kept by my research group for	
	further use.	. , , , , , , , , , , , , , , , , , , ,	
	(c) Preparing a complete inventory of	all research products remaining behind.	
	(d) Cleaning up my personal workspa		
(e) Ensuring that my lab notebooks are up to date and left in the lab t		e up to date and left in the lab for use by others.	
	(f) An inspection by the PI/supervisor	, laboratory manager, or safety officer.	
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Name of employee		Supervisor, laboratory manager, or safety officer	
Date		Date	