



**MATERIALS RESEARCH LABORATORY  
BUILDING 13 - LABORATORY ACCESS REQUEST FORM**

**YOU MUST COMPLETE THIS FORM AND BRING IT TO 13-2014 IN PERSON**

**A. LABORATORY INFORMATION:**

Professor's Name and Lab Number\* \_\_\_\_\_

\*This is the lab where you are requesting access.

Faculty Signature\*\* \_\_\_\_\_

Please sign and print name

\*\*This is the faculty member from whom you are requesting access.

**B. APPLICANT INFORMATION:**

**Print Name:** Last \_\_\_\_\_ First \_\_\_\_\_

**Identification:** MIT ID \_\_\_\_\_ Kerberos \_\_\_\_\_

**Position (Circle one):** Faculty      Post Doc      Grad Student      Staff  
Research Specialist      Visiting Scientist      Other \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

**C. APPLICANT SAFETY INFORMATION:**

**The following hazards are present in the assigned lab(s) (Circle all relevant):**

Chemical      Biological      Laser      Radioactive      Cryogenics      High Voltage      X-Rays

**I have:**

- Read and understood the CMSE Chemical Hygiene and Safety Plan.
- Completed the Chemical Hygiene **AND** Hazardous Waste Hypercourses ([https://web.mit.edu/training/my\\_training.html](https://web.mit.edu/training/my_training.html)) on
- Reviewed the specific hazards associated with the labs specified above with the designated safety rep of lab

**YOU MUST COMPLETE THE EHS CHEMICAL HYGIENE AND HAZARDOUS WASTE TRAINING COURSES.  
CMSE WILL CHECK THE EHS TRAINING SITE BEFORE GRANTING YOU ACCESS TO LABS.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**D. FACULTY/LAB SAFETY REPRESENTATIVE CERTIFICATION:**

I have discussed the CMSE Chemical Hygiene and Safety Plan and have reviewed the hazards associated with the laboratories specified above with the researcher and accept responsibility for the chemical hygiene and safety training of this individual while he/she works in my laboratories.

**EHS Rep Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_