



MATERIALS RESEARCH LABORATORY
BUILDING 13 – UROP LABORATORY ACCESS REQUEST FORM

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

A. APPLICANT INFORMATION (please print):

Name: _____ Kerberos ID: _____ MIT ID #: _____

B. LABORATORY INFORMATION:

Professor's Name: _____ Lab Number: _____

Supervisor's Name: _____ Kerberos ID: _____

C. SAFETY TRAINING COMPLETIONS:

- Read and understood the CMSE Chemical Hygiene and Safety Plan
- Conducted General Chemical Hygiene **AND** Managing Hazardous Waste online courses Dates: _____
- Reviewed the lab specific hazards and procedures associated with the labs specified above with the designated lab safety rep

Applicant Signature: _____ Date: _____

D. EHS REPRESENTATIVE CERTIFICATION:

I have discussed the CMSE Chemical Hygiene and Safety Plan, completed laboratory specific safety training and have therefore informed the applicant of the various hazards and procedures associated with the laboratory specified above.

EHS Rep Name (PRINT CLEARLY) _____

EHS Rep Signature: _____ Date: _____

E. SUPERVISOR AGREEMENT:

As the immediate supervisor for the applicant, I understand that it is my responsibility to maintain a safe and positive working environment for him/her. I will not permit him/her to work in any unsafe or hazardous situations without my direct supervision.

In the space below, please briefly describe the scope of the research and any major experiments that the applicant will be conducting in the labs specified above:

Supervisor's Name (PRINT CLEARLY) _____

Supervisor Signature: _____ Date: _____

F. DECLARATION OF CONSENT (to be completed by the PI):

_____ has my authorization to perform work in my laboratory under the supervision of
(undergraduate student)

_____. I pledge that this student will not be working alone day or night with any hazardous
(grad student/postdoc)

materials or activities such as highly reactive chemicals, hydrofluoric acid, pyrophorics, radioactives, cryogenics, lasers, high voltage equipment, x-rays or in confined spaces*. I understand that ultimately, I am responsible for the sole charge of this undergraduate researcher and have made a careful evaluation of the activities pertaining to their research such that any potentially hazardous conditions are prevented to the best of my abilities.

** If the student might be working with any of the afore mentioned hazards alone, a detailed risk assessment must be developed for the scope of the intended work, and an additional working alone permission form must be completed and submitted to CMSE headquarters.*

Print Name of Principal Investigator: _____ Date: _____

Principal Investigator Signature: _____ Date: _____