

Laboratory Safety Agreement Checklist



Review this checklist and mark each box to indicate comprehension of each topic. By signing and dating below, you agree to abide by university and departmental policies and procedures relating to safety while in any university laboratory, including items listed below.

- I have completed Laboratory Safety training (LS09) on Netlearning@uidaho.
 - Completion date: _____
- I have reviewed and will follow the [Sharps Disposal Policy](#) located on the EHS website.
- I will wear the appropriate personal protective equipment (PPE) selected and provided by my supervisor, which may include respiratory protection, gloves, aprons, and lab coats.
- I will wear appropriate protective eyewear in the laboratory at all times.
- I will wear long pants and closed-toed shoes.
- I will remove PPE and wash hands prior to exiting the laboratory.
- I know the location of emergency equipment within the laboratory, including Safety Data Sheets (SDS) for lab chemicals, the safety shower, eye wash station, first aid kit, fire extinguisher, fire alarm pull stations and hazardous materials spill kits, and have been instructed on how to use them.
- I will not eat, drink, chew gum or apply cosmetics in the laboratory.
- I will not store food or drink in laboratory refrigerators.
- I will properly manage and dispose of hazardous materials (including sharps).
- I will properly label all containers.
- I will keep aisles and doors clear and unobstructed within the laboratory.
- I will ensure compressed gas cylinders are properly secured.
- I will keep all emergency equipment, including safety showers, eye wash stations, first aid kits, fire extinguishers, fire alarm pull stations, fire sprinkler heads, fire alarm horn/lights and electrical panels clear and unobstructed.
- I will use a fume hood and other safety equipment properly to prevent exposure to hazardous materials, and have been instructed on how to use them.
- I will observe all posted signage, procedures and policies.
- I will promptly report any accident or unsafe condition to my supervisor.
- I know the location of electrical panels and gas shut-off valves for the laboratory.

Signature

Vandal Number

Date

Print Name

Supervisor's Signature

Date

Print Name

Department

Contact Phone