

Documentation Form for Physics Research Labs

Name _____ Trainer _____ Trainer Signature _____

This is to document that I have been trained in the following areas:
(Initial ALL which are Applicable and sign document.)

	Student	Trainer	Date
Laser safety	_____	_____	_____
Liquid Nitrogen	_____	_____	_____
Radioactive Materials	_____	_____	_____
MSDS Use	_____	_____	_____
Safety Labels	_____	_____	_____
S.O.P. Specific to your lab	_____	_____	_____
Housekeeping and Hazardous Waste		_____	_____
Safety Checklist and Audits	_____	_____	_____
Fume Hood Practices	_____	_____	_____
Chemical Training Checklist	_____	_____	_____
Personal protective Equipment	_____	_____	_____

Mandatory Yearly Departmental Safety Training
(Initial each year, after training)

Initial: _____

Date: _____

Lab Training Completion (Final Approval)

Advisor's Name _____ Advisor's Signature _____ Date _____

Student's Name _____ Student's Signature _____ Date _____