

Laboratory Clearance Form

MIT Department of Biological Engineering

Researcher Name: _____

Researcher Kerberos ID: _____

Title/Position of Researcher: _____

Mentor Name (For UROPs and Minors): _____

PI/Faculty Name: _____

To be filled out by the researcher:

___ I have updated my Training Needs Assessment (<http://ehs.mit.edu/site/training>).

___ I have completed General Chemical Hygiene Training (on-line or classroom).

___ I have completed Managing Hazardous Waste Training (on-line or classroom).

___ I have read the BE Chemical Hygiene Plan (<https://be-ehs.mit.edu/forms>).

___ I have discussed the Chemical Hygiene Plan Quiz questions.

___ I have completed the BE Emergency Preparedness Plan Training (<https://be-ehs.mit.edu/epp-training>).

___ I have completed Lab Specific Chemical Hygiene Training.

___ I have read the list of Particularly Hazardous Substances (PHSs) and am familiar with the associated Standard Operating Procedures for each PHS used in the laboratory.

Signature _____ Date ___/___/_____

To be filled out by the lab's EHS rep or other designated person:

___ I provided Lab Specific Chemical Hygiene Training to the researcher listed above on ___/___/_____.

___ I have shown the researcher how to access relevant lab safety documents (SOPs, SDSs, ECPs, BRRs, etc.)

Print Name _____ Signature _____

To be filled out by the PI/Faculty:

The researcher listed above is authorized to work in my lab space.

Faculty Supervisor Signature _____ Date ___/___/_____

To be filled out by the EHS Coordinator:

EHS Coordinator Signature _____ Date ___/___/_____

Submit the completed Clearance Form to the BE EHS Coordinator at be-ehs@mit.edu prior to working in the lab.