

Safety Declaration Form

Institute of Chinese Medical Sciences

THIS FORM MUST BE COMPLETED BY ALL LAB USERS BEFORE CONDUCTING EXPERIMENTS IN LABORATORY.

Applicant : _____

Student no. / Title : _____

Supervisor (full-time (permanent) academic staff): _____

Email address : _____

By signing this safety declaration form, I understand the following:

- I have read and will comply to the safety training course content, including the emergency procedures and lab regulations.
- I understand that I must not eat food or drink in the laboratory.
- The laboratory technicians have explained what personal protective equipment (PPE) is required. I agree that I must wear appropriated PPE when required.
- I am familiar with the location of the eye wash, safety shower, emergency phone list and fire facilities.
- I will seek advice from my project supervisor or technical staffs where appropriate, if I am in doubt about any safety matter relating to my work.
- I have a duty of care to comply with safety procedures as detailed in the safety training course content at all times during the course of my research.
- I understand there are material safety data sheets (abbrev. MSDS) for common laboratory agents, which I can consult for reference purposes.
- I will attend the chemical drill and be familiar with the location as well as the method of use of the spilling tools.
- I will follow the instructions of laboratory staffs.
- I will take whole responsibilities for any accident or problems occur to me or others in the laboratory if I do not obey and follow completely the rules.

Applicant's signature

Supervisor signature
(Requires signature of full-time (permanent) academic staff)

Date