



CBE Laboratory Check-In Form

This document must be read and initialed by all researchers who work in laboratories. Researchers include faculty members, staff, visiting scientists, post-doctoral associates, graduate assistants, undergraduate students, and workers hired on an hourly basis.

**No research (or lab entry) shall occur until each category in this form has been initialed and dated, and the completed form has been reviewed, approved by your major Professor (PI), and uploaded to Cybox.**

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| Initial |  |
| 1 | **Assignment** – I understand that my supervisor will be and I will be authorized to work in the following locations |
| 2 | [**Laboratory Safety Manual**](http://publications.ehs.iastate.edu/labsm/)- I know where to find the Iowa State University Laboratory Safety Manual and I agree to follow the policies and procedures specified therein. |
| 3 | [**Hazard Inventory**](https://hazard-inventory.ehs.iastate.edu/)- I have completed a Hazard Inventory and (or had a supervisor fill one out on my behalf if I am an undergraduate researcher) and submitted it to EH&S on  (date). I understand that I must complete another form if I change job positions, work responsibilities and/or if workplace hazards change (including starting a new  laboratory method). |
| 4 | [**Lab-Specific training**](https://www.ehs.iastate.edu/forms/sstraining.pdf)- I have received and understand lab-specific training concerning  laboratory hazards, the use and function of lab specific equipment, the location of safety equipment and the safe handling and storage of chemicals in the research laboratory. I also know where to find and have looked at [standard operating procedures (SOPs)](https://www.ehs.iastate.edu/research/laboratory/SOPs) for all lab processes that I will perform. I understand that I must develop SOPs whenever new research methods are developed in the lab during my stay and must review them with my supervisor.  **Supplemental EHS Safety Trainings** completed to perform lab-specific activities in addition to the required minimum (please list): note minimum training – Fire Safety and Fire Extinguisher, Compressed Gas Cylinders, Chemical Storage, PPE, Core Concepts, Fume Hoods, Spill Procedures. |
| 5 | [**Laboratory responsibilities**](https://www.ehs.iastate.edu/research/laboratory/forms/survey-forms)- I am responsible for keeping my personal workspace clean and assisting with regulatory compliance efforts in the laboratory that may include routine laboratory inspections. |
| 6 | **Working alone in the laboratory** - I understand that research may need to be conducted at all hours of the day. I may need to or I will follow lab designated procedures for working alone in the lab such as finding a companion to work in the lab at the same time so that I am not alone in the lab in case of an emergency during a particular experiment. |
| 7 | **Safety Data Sheets (SDS)** - I have access to and know the location of the safety data sheets (SDS) in my laboratory that describe hazards of chemicals in the laboratory. I  understand the SDS sheets are there for my use at any time. |
| 8 | **Personal Protective Equipment (PPE)** - I understand that wearing safety glasses or goggles, fully enclosed shoes, and a lab coat are required for laboratory work at all times. When working with chemicals or biohazards I should also wear gloves that are  recommended to protect against the hazard in question. I know where to find PPE related information in the Laboratory Safety Manual. |
| 9 | **Waste disposal** - I understand the proper procedures for managing unwanted laboratory materials (waste) in the research laboratory. I am familiar with the [ISU Waste and Recycling](http://publications.ehs.iastate.edu/warg/) [Guidelines](http://publications.ehs.iastate.edu/warg/) and how to access it for additional information on the proper disposal of atypical  waste generated in the laboratory. |

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| 10 | **When Injured** - If I am injured at work (even if I think the injury is too minor to do so), I know that I must report the injury to (supervisor) who will assist me in seeking medical treatment as stated in section I of the Laboratory Safety Manual.  Briefly,  *For non-life threatening treatment:* employees report to McFarland Clinic Occupational Medicine Office (515) 294-4496 students report to ISU Student Health Center (515) 294-  5802.  *For life threatening treatment:* employees and students call 911 (remember to state that you are at Iowa State University)  *After hours:* employees, students report to Mary Greeley Medical Emergency Dept. (515) 239-2011 |
| 11 | **Emergencies** - I have reviewed the Emergency Action Plan for my laboratory and know my responsibilities when faced with an emergency. I understand where the research group will assemble in the event of fire or severe weather and I will help to check that everyone in our  research group is accounted for. |
| 12 | **Emergency equipment** - I know the location of safety equipment (i.e., first-aid kit, fire extinguisher, safety shower, eyewash, spill kits, etc.) and their function in laboratories I am assigned to work in. |
| 13 | **Research Records** - I understand the laboratory recordkeeping practices specified by my research group and where I should store my lab notebook, research documents and  computer data files generated from my work. |
| 14 | **Check out** - I understand that before I leave the laboratory, I must complete a checkout procedure that will include:   1. Properly disposing of all chemical waste, old samples, and buffers that are not needed. 2. Properly storing and labeling all research products kept by my research group for further use. 3. Preparing a complete inventory of all research products remaining behind. 4. Cleaning up my personal workspace. 5. Ensuring that my lab notebooks are up to date and left in the lab for use by others. 6. An inspection by the PI/supervisor, laboratory manager, or safety officer. |

Name of employee Professor, PI or Lab Manager Signature

Date Date

*IMPORTANT: By signing this document, the employee verifies that all information provided is accurate. The PI acknowledges by signing that they have verified the accuracy of the completed document and that any errors may factor into their employee evaluations.*