DEPARTMENT SAFETY AND ENVIRONMENTAL COMPLIANCE FORM

I, (Please Print Full Name) ______________________________________________________________,
do hereby certify and affirm that I have read, understood and agree to comply with the regulations and
safety rules. I understand that any violation may result in my being removed from the laboratory and
being given a failing grade. Further, I understand that I will be handling potentially hazardous materials
and will abide by the institutional regulations and rules in undertaking these activities. I also affirm that I
have fulfilled the prerequisites for this course and authorize my being dropped from the course at any time
if this should not be true. I also do hereby certify and affirm that I have been trained in the following
matters in preparation for taking chemistry laboratory.

Initials  Please INITIAL each section before leaving the lab. Do not use check marks.

☐ I have understood all of the safety rules covered in the safety session.

☐ I understand the Emergency Evacuation Plan, including exit route, procedure and
assembly point.

☐ I will follow all waste disposal procedures, including that paper and glass must go into the
proper containers, no solids or chemicals are to be put into the sinks or troughs, and that
all chemical waste will be put into the designated container and the container kept
capped except when waste is added.

☐ I know the location and use of safety equipment including, personal protective equipment,
eyewash, fire extinguisher, safety shower, phone (and emergency numbers), and
chemical hood.

☐ I am aware of the departmental breakage policy, including time limits on reporting
missing equipment and disputing bills, the necessity of a current ID card with money in
my RAM account. Payment of all bills is a course requirement. **Unpaid bills will result
in a registration hold for subsequent semesters.**

☐ I understand MSDS sheets and NFPA codes, their use, relevant contents and location.

☐ I will follow my TA’s instructions regarding the keeping of my medical form so that it will
be immediately available in an emergency.

☐ Initial ONE box: Any bills I generate in lab may be posted by my ID number. If I neither
agree nor disagree (no box checked), my bill(s) will not be posted.

Signature_________________________________________________________Date_______________

Course: CHM ___________Section Number___________Drawer Number_____________________

TA Name____________________________________________________________________________

For department use only

I affirm that I have completed safety training with this student in accordance to the policy set forth by the
Chemistry Department. I have verified by checking a picture ID that the student trained is the student that
whose name appears on this compliance form.

**TA Verification**

TA Name__________________________________TA Signature________________________________

Dept. of Chemistry, University of Rhode Island  1/12/2012