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.

Initialize to indicate agreement

☐ 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 and no grade will be issued if outstanding bills remain.

☐ 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.

☐ 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_______________

ID Number: ____________________________

Course: CHM ____________Section Number___________Drawer Number_____________________

TA Name____________________________________________________________________________

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

Name__________________________________Signature_____________________________________

Dept. of Chemistry, University of Rhode Island 8/25/2009