

EHS CLEARANCE FORM
Department of Chemistry
Massachusetts Institute of Technology

Please print neatly

Researcher name: _____ Kerberos username: _____

Supervisor name: _____ MIT ID#: _____

FOR WORK WITH HAZARDOUS SUBSTANCES

RESEARCHER

I have read and understood the contents of the Department Chemical Hygiene Plan and Safety Manual, and I am familiar with the hazards associated with the chemicals in use in my work area. I have attended the December or January Chemical Hygiene and Safety Lecture (or have taken the on-line version, "Chemical Hygiene & Safety for Chemists EHS00101w").

I agree to comply with all of the requirements of the Chemistry Department Chemical Hygiene Plan and Safety Manual.

Signature _____ Date _____

SUPERVISOR

I have discussed the Chemical Hygiene Plan and quiz questions with _____ and we have also reviewed the hazards associated with the chemicals in use in our laboratory.

Signature _____ Date _____

FOR WORK THAT WILL NOT INVOLVE HAZARDOUS SUBSTANCES

RESEARCHER

I will not be working in an area in which hazardous substances are in use.

Signature _____ Date _____

SUPERVISOR

_____ is a member of my group and will not be working in an area in which hazardous substances are in use.

Signature _____ Date _____

All researchers must submit this completed form by sending a scanned version to Scott Ide by email scottide@mit.edu or by bringing a hard copy to Room 18-281. This must be done *before* beginning laboratory work.