

MASSACHUSETTS INSTITUTE OF TECHNOLOGY
Department of Materials Science and Engineering
Cambridge, Massachusetts 02139

Chemical Hygiene and Safety Briefing Form

Name: _____

Supervisor: _____

Group: _____

Lab Room Number(s): _____

Starting Date: _____ Expected end date: _____

- _____ Faculty
- _____ Research Associate / Staff
- _____ Postdoctoral Associate
- _____ Graduate Student
- _____ Undergraduate Student
- _____ Technical Staff
- _____ Visiting Scientist
- _____ Other (specify) _____

The above laboratory worker has been briefed on chemical hygiene hazards and safety associated with his or her proposed program of work.

The worker has been informed that toxic or hazardous substances may be used in the course of this work, and of the proper action to take if exposure to such substances should occur.

The worker has read the Departmental Chemical Hygiene Plan and Safety Manual and has had any questions concerning its contents answered by the supervisor or a member of the Departmental Chemical Hygiene and Safety Committee.

Student/Employee Signature _____ Date _____

Briefing Employee _____ Date _____

Principal Investigator / Supervisor _____ Date _____

This form must be submitted to the Senior Administrative Officer of the Department, Room 8-309, before the Chemical Hygiene and Safety Examination is taken. The issuance of keys to laboratories is contingent upon completion of this form and upon the successful completion of the examination.

April 30, 1992