

Safety Clearance Form

This form is to be completed by all members in the Coastal Marine Laboratory (CML) before they can start working in CML regardless of the length or level of the appointment. This form will be kept in the Office of CML and will be part of the individual's permanent record. All members are reminded of their obligation to take the additional safety courses required in future expanded research topics and have this form updated and submitted to CML accordingly.

Personnel Information (mandatory section)

Name: _____ Dept.: _____

Post: _____ Supervisor: _____
(NA for faculties)

Contact Phone No.: _____ Email: _____

Start Date: _____ Date of Return of this Form: _____

Person you wish to contact in case of emergency (optional section)

Name: _____ Relationship: _____

Address: _____

Phone No.: _____ Email: _____

Waiver for Supervisors:

I certify that I had all the safety trainings required for working in CML and am therefore exempted from completing the Safety Clearance Form.

Signature of Supervisor / Date

Part A. Initial Checklist:

I have:

- Read and understood the University “Safety and Environmental Protection Manual”.
- Attended and passed the required HSEO safety courses: Chemical Safety I (MC03) on _____ (Date), Chemical Safety II (MC07) on _____ (Date) and Biological Safety (MC06) on _____(Date).
- Reviewed the hazards associated with the use of chemicals, biological agents, radioactive materials and various equipment in CML.
- Radiation Users Only: My own TLD Badge and registered to DSO to work in CML’s Hot Lab

Appointee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Part B. Basic Lab Safety Orientation:

I have been shown:

- The location of the fire alarm.
- The locations of the panic alarms and the proper use of them.
- There is NO Emergency Ventilation system in CML and the guidelines for minimizing the chemical usage and waste production.
- The locations of the Eyewashes and safety Showers.
- The preferred path for emergency evacuation from the lab and have been shown the location of the location of the designated gathering place.
- The locations of the fire extinguisher, sand pail, fire blanket, and spill kit in every room and have been instructed how and when to use these items.
- The location of different types of chemical waste containers.
- The locations of the 2 chemical hoods and know which one is for inorganic acid or organic solvents.
- The location of switch for the exhaust fan in the Analytical Room 2.
- Radiation Users Only: The location of Hot Lab and hot area and the basic precautions.
- UV Users only: The location of proper shielding apparatus.

Appointee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Part C. Additional Required HSEO Safety Courses (To be completed by Supervisor before the start of labwork and updated as necessary)

- (MC01) Radiation Safety for Unsealed Sources (Completed on _____ (Date))
- (MC05) Pressure Safety (Completed on _____ (Date))
- (DC01) Standard First Aid (Completed on _____ (Date))
- (DC03) Fire Safety and Fire-fighting Equipment (Completed on _____ (Date))
- (DC04) Electrical Safety (Completed on _____ (Date))
- (DC07) Industrial Toxicology (Completed on _____ (Date))

Appointee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Part D. For Supervisors:

I have discussed the HSEO Safety Manual and have reviewed the hazards associated with the work specified above with my staff / student and accept the responsibility for ongoing supervision of chemical hygiene and safety training of this individual while he / she works in CML.

Signature: _____ Date: _____
