Application To Work in SoP Laboratory

Print Form



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Notes:

- Please print clearly and legibly.

Date:			Phone (optional):		
Name:			E-mail Address:		
Department:			MSU NetID:		
Advisor's Name:			Advisor's e-mail:		
Project Title:					
Instruments that will be used: (costs will be provided upon request)					
Key(s) to the labs will not be issued until all safety training on this application has been completed. Training on specific instruments must be scheduled by contacting lab manager after completion of this general safety training.					
Online training courses may be accessed at: http://www.ehs.msu.edu/training/training_toc.htm					
Date applicant took EHS Chemical Hygiene and Laboratory Safety Initial training course (online):					
Date applicant took EHs Laboratory Security Awareness (online):					
Date applicant took EHS Cryogen Safety training (online):					
Date applicant took EHS Compressed Gas Cylinder Safety course (online):					
Date applicant took the EHS Biosafety Principles course (online): Choose "Lab/Microbe" Option					
Date applicant reviewed MSU Chemical Hygiene Plan (http://www.ehs.msu.edu/manuals/manuals_toc.htm), Hazardous Waste Disposal Guide (http://www.ehs.msu.edu/manuals/manuals_toc.htm), and School of Packaging Site Specific Safety Document (packaging.msu.edu/research/for_researchers):					
Date applicant attended the School of Packaging Site Specific training (email to schedule with lab manager):					
Informed Consent Statement: By signing below, the applicant acknowledges that they have been informed about the location and contents of the MSU Chemical Hygiene Plan, the School of Packaging Site Specific Safety and Standard Operating Procedures Document, SDS sheets, and the MSU Hazardous Waste Disposal Guide. Signing also acknowledges that the applicant has taken the required safety training from EHS.					
Student Signature:				Date:	
Advisor Signature:				Date:	
SoP Approval:				Date:	

Applicant Status (Check One): Staff M.S. Ph.D. Undergrad Other, please describe: