Application To Work in SoP Laboratory

Print Form



Aaron Walworth Laboratory Manager School of Packaging Michigan State University 448 Wilson Road, Rm 175 East Lansing, MI 48824-1223 Phone: 517-353-4439 walwort8@msu.edu 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: https://ehs.msu.edu/training/index.html Date applicant completed Lab Safety Basics + Biologicals (No Bloodborne Pathogens) EHS Training Track* (online): *Must complete all sections of this track; **Requires annual refreshers			
1) Chemical Hygiene, Lab Safety and Hazardous Was			
2) Compressed Gas Cylinder Safety			
3) Cryogen Safety			
4) Lab Security Awareness			
5) Asbestos in the Lab Setting			
6) Biosafety Principles/Refresher (Choose Lab/Microbe Option)**			
7) Autoclave Safety			
Date applicant took EHS Non-Medical Sharps Waste Management Track (online):			
Date applicant reviewed Chemical Hygiene Plan (https://ehs.msu.edu/_assets/docs/chem/msu-chem-hygiene-plan.pdf), Waste Disposal Guidance (https://ehs.msu.edu/waste/waste-disposal-guidance.html), and SoP Site Specific Safety Document (https://www.canr.msu.edu/packaging/research/internal-info-for-lab-users/)			
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 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 MSU Hazardous Waste Disposal Info. Signing also acknowledges that the applicant has completed the listed trainings.			
Trainee Signature:		Date:	
Advisor Signature:		Date:	
SoP Approval:		Date:	
Applicant Status (Check One): Staff M.S. Ph.D. Undergrad Other, please describe:			