## **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:		
Advisor's Name.			Advisor's e-mail.		
Project Title:					
Instruments that wi (costs will be provid					
_	• • • •	labs will not be issued until all safe	, , , , , , , , , , , , , , , , , , , ,		•
Trai	ining on specific instrui	nents must be scheduled by conta	cting lab manager after c	ompletion of th	is general safety training.
	eted Lab Safety Basics + Must complete all section	Biologicals (No Bloodborne Pathog is of this track listed below; "Require	ens) EHS Training Track*	(online):	
Chemical Hygiene, Lab Safety and Hazardous Waste**      Compressed Gas Cylinder Safety					
3) Cryogen Safety					
4) Lab Security Awareness					
5) Asbestos in the Lab Setting					
6) Biological Safety and Security - General**					
7) Biohazardous Waste**					
	8) Autoclave Safet	y			
Date applicant took EH	HS Non-Clinical Medical	Sharps Laboratory Training Track (	online):		
Waste Disposal Guidan	ce (https://ehs.msu.ed	n (https://ehs.msu.edu/_assets/d u/waste/waste-disposal-guidance. aging/research/internal-info-for-la	html), and SoP Site Specif	ic Safety	
Date applicant attende	ed the School of Packag	ring Site-Specific training (email to	schedule with lab manage		
Informed Consent St Chemical Hygiene Pla	tatement: By signing an, the School of Pack	below, the applicant acknowled	ges they have been info Indard Operating Proce	dures Docume	e location and contents of the MSU nt, SDS sheets, and MSU Hazardous
Trainee Signature:				Date:	
Advisor Signature:				Date:	
				- 1	
SoP Approval:				Date:	

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