

# EXAMPLE

Lab Group \_\_\_\_\_

## Safety Program Compliance Form

This sign off sheet is to confirm that \_\_\_\_\_ has completed the following: (Please Print)

- Read & fully understands CCR's Chemical Hygiene Plans
- Completed an interview and lab specific training with Lab EHS Rep
- Logged into the EHS training website to complete Training Needs Assessment
- Reviewed the Emergency Action Plan for specific area

**Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

**Title/Position of Applicant** \_\_\_\_\_ MIT ID#: \_\_\_\_\_

**MIT Address:** \_\_\_\_\_ **MIT Phone:** \_\_\_\_\_

**Kerberos user name of Applicant** \_\_\_\_\_

**Signature of Interviewer (EHS Rep)** \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Faculty or Principal Investigator** \_\_\_\_\_ Date \_\_\_\_\_

This completed form is to be turned into the CCR Headquarters for approval of the EHS Coordinators before work begins in a lab. Approval will be given once this form is completed and keys will be issued at this time. The applicant agrees to take responsibility for the keys and will return them upon conclusion of their work with the Center for Cancer Research.

**Approved by** \_\_\_\_\_ **Date** \_\_\_\_\_

### For Office Only:

**Key numbers:** \_\_\_\_\_

**For rooms:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date** \_\_\_\_\_