

**COLLEGE OF ENGINEERING
CHEMICAL ENGINEERING DEPARTMENT**



Research Personnel Safety Declaration Form

Date:

Name Of Research Personnel:

Email:

Mobile:

Project Title:

Project Code:

Lead PI:

Laboratory Name & ID:

Name Of Lab In-charge:

By signing this safety declaration form, I understand the following:

	I am aware and take into consideration the precautions and special measures related to COVID-19.
	I will not attend / visit lab if I am feeling unwell and have any COVID-19 symptoms.
	I have attended the lab safety training session arranged by the chemical Engineering Department personal and I am fully aware about the safety and emergency procedures .
	I agree to comply with the instructions by the laboratory instructor/supervisor .
	I agree that I must wear appropriated Personal Protective Equipment (PPE) when required and directed by the lab supervisor.
	I understand that eating or drinking is prohibited inside the laboratory.

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	I understand that I have to keep a copy of the MSDS for all the chemicals that I am using in my lab in a file visible to all.
	I understand that I have to segregate the chemical waste and keep it in the assigned area and should get assistance from the lab in charge for proper disposal .
	I understand that all accidents, need to be reported to the lab in charge immediately.
	I understand that I have to maintain cleanliness and proper housekeeping inside the laboratory .
	I understand that I cannot keep any machines or experimental setup running un-attended or keeping the same working overnight without informing the lab in charge.
	I understand that all faulty or broken equipment needs to be brought to the attention of the lab in-charge immediately.
	I understand that the gas cylinders has to be secured with proper latch and unused cylinders should be capped.
	I understand that I have to display details of emergency contact person outside my partition visible to all.
	I understand that I have to follow proper labeling procedure for all chemicals and experimental setups.
	I am familiar with the emergency procedures for the laboratory, and I am familiar with the locations of the first aid kit, eye wash, safety shower, emergency exits .

Research Personnel Signature:

*** For Office Use Only*

Lead PI Signature:

Lab Coordinator Signature:

Head of Department