

### Undergraduate Student Safety Declaration Form

- This form must be completed by the student and given to the lab coordinator prior to the first lab work.
- No experimental work should start until this form has been completed.

**Student Name:**.....

**Student ID:**.....

**Course/Project Type and Code/No:** .....

**Project Title:** .....

Safety Declaration Statement	YES	NO
I have read and I understand the <b>Guide to Emergency Procedures</b> (prepared by BOD).		
I have received a <b>half day safety training</b> from the lab coordinator or a senior lab technician.		
I am aware of my workplace health and safety responsibilities.		
I understand that personal protective equipment (PPE) may be required for this research work/course and I agree to wear it as directed by the lab supervisor.		
I understand that if I am not wearing appropriate PPE, I can be excluded from the lab.		
I agree to follow all safety procedures explained to me by the lab supervisor.		
I understand that I must not eat food or drink in the laboratory.		
I understand that inappropriate conduct can result in denial of further laboratory access.		
I understand that all accidents need to be reported to the lab coordinator.		
I understand that all faulty or broken equipment needs to be reported to the lab coordinator.		
I agree to advise the lab coordinator of any known allergies/sensitivities to chemicals or other substances relevant to my undergraduate lab work.		
I agree to advise the lab coordinator of any physical or mental disability, or personal circumstance that may negatively impact safety in the laboratory		

**Student Signature:**

**Date:**

**Supervisor/Instructor Signature:**

**Date:**

**Lab Coordinator Signature:**

**Date:**

**Head of Department:**

**Date:**