

Chemical Hygiene Plan & Lab Specific Safety Training Acknowledgement

Name: _____

Kerberos username: _____

MIT ID: _____

Position/Title: _____

Supervisor: _____

I have read and understood the MTL Chemical Hygiene Plan.

I have completed lab-specific safety training and am familiar with the hazards associated with my workplace

Signature: _____ Date: _____

Return completed form to David Dunham (MTL EHS Coordinator) in 39-229 or scan to ddunham@mit.edu