

# Laboratory Clearance Form

## MIT Department of Materials Science and Engineering

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Researcher Name: \_\_\_\_\_

Researcher Kerberos ID: \_\_\_\_\_

Title/Position of Researcher: \_\_\_\_\_

Mentor Name (For UROPs and Minors): \_\_\_\_\_

PI/Faculty Name: \_\_\_\_\_

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### ***To be filled out by the researcher:***

\_\_\_ I have updated my Training Needs Assessment (<http://ehs.mit.edu/site/training>).

\_\_\_ I have completed General Chemical Hygiene Training (on-line or classroom).

\_\_\_ I have completed Managing Hazardous Waste Training (on-line or classroom).

\_\_\_ I have read the DMSE Chemical Hygiene Plan (<http://dmse.mit.edu/research/laboratory-safety/forms>).

\_\_\_ I have completed the DMSE Emergency Preparedness Plan Training  
(<https://dmse.mit.edu/research/laboratory-safety/epp-training>).

\_\_\_ I have completed Lab Specific Chemical Hygiene Training.

\_\_\_ I have read the list of Particularly Hazardous Substances (PHSs) and am familiar with the associated Standard Operating Procedures for each PHS used in the laboratory.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

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### ***To be filled out by the lab's EHS rep or other designated person:***

\_\_\_ I provided Lab Specific Chemical Hygiene Training to the researcher listed above on \_\_\_/\_\_\_/\_\_\_\_\_.

\_\_\_ I have shown the researcher how to access relevant lab safety documents (SOPs, SDSs, ECPs, BRRs, etc.)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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### ***To be filled out by the PI/Faculty:***

The researcher listed above is authorized to work in my lab space.

Faculty Supervisor Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

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### ***To be filled out by the EHS Coordinator:***

EHS Coordinator Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

*Submit the completed Clearance Form to the DMSE EHS Coordinator, Mary Lindstrom ([marylindstrom@mit.edu](mailto:marylindstrom@mit.edu); 56-341d) prior to working in the lab.*

*Revised: September 2018*