

Documentation Form for Physics Research Labs

Name	Trainer	Trainer Signature

This is to document that I have been trained in the following areas:
 (Initial ALL which are Applicable and sign document.)

	Student	Trainer	Date
Laser safety (GSP A)			
Liquid Nitrogen (GSP B)			
Radioactive Materials (GSP C)			
MSDS Use (GSP D)			
Safety Labels (GSP E)			
S.O.P. Specific to your lab (LDU A)			
Housekeeping and Hazardous Waste (LDU C)			
Safety Checklist and Audits (LDU D)			
Fume Hood Practices (CHP C)			
Chemical Training Checklist (CHP D)			
Personal protective Equipment (CHP E)			

Mandatory Yearly Departmental Safety Training
 (Initial each year, after training)

Initial: _____

Date: _____

Lab Training Completion (Final Approval)

Advisor's Name	Advisor's Signature	Date

Student's Name	Student's Signature	Date