

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 or training should start until this form has been completed.

Student Name:	
Student ID :	
Training course Title:	

N	Statment	Y	N
1	I have read and understood the Guide to the Emergency Procedures (Prepared by BOD). File attached.		
2	I have received the CLU Laboratory safety Guidline from the lab coordinator/ Senior lab Technical. File attached		
3	I am familiar with the laboratory emergency procedures & I agree to follow all safety procedures explained to me by the lab lecturer or Technician.		
4	I am Aware of my workplace health & safety responsibilities.		
5	I understand that Personal Protective Equipment (PPE) may be require for the lab work & I agree to wear it as directed by the lab supervisor.		
6	I agree that if I am not wearing an appropriate PPE, I can be excluded From the lab.		
7	I understand that I must not eat food or drink in the laboratory.		
8	I understand that QU-Card lab access are not allowed to be given to any other person .		
9	I understand that inappropriate conduct can result in refusal of further laboratory access.		
10	I agree that all lab work accidents need to be reported to the lab coordinator immediately.		
12	I agree that all faulty/ broken equipment needs to be reported to the lab coordinator immediately.		
13	I agree to advise the lab coordinator of any sensitivity/ allergies to chemicals or other substances relevant to the lab work.		
14	I agree to advice the lab coordinator of any physical or mental disability, or personal circumstance that may negatively impact safety in the laboratory.		

	Signature	Date
Student Signature:		
Laboratories Coordenator:		
Technical Manager:		
Head of the QUCLU		