

Appendix C: Laboratory User Agreement and Checklist

Name: _____ LO/Division/Program: _____

Email: _____ Office Phone: (____) _____ Mobile Phone: (____) _____

Access is requested to the following areas. (Check all that apply.)		
<input type="checkbox"/> Necropsy Suite <input type="checkbox"/> Vet Lab <input type="checkbox"/> Archival Wet Storage <input type="checkbox"/> Second floor main labs	<input type="checkbox"/> B130 Physiology Lab <input type="checkbox"/> B130 Food Prep Room (Monk Seal) <input type="checkbox"/> B130 Food Prep Room (Turtle) <input type="checkbox"/> B130 Food Prep Room (SWS) <input type="checkbox"/> B130 Walk-in freezer	<input type="checkbox"/> Marine Instrumentation Lab (MIL) 1 <input type="checkbox"/> MAKER Lab <input type="checkbox"/> Other: _____ _____

Prior to starting any work in the IRC laboratories, all employees and affiliates (students, visiting scientists, volunteers, etc.) must complete all of the following. (Initial each item to confirm completion.)

1. _____ Read and understand the Chemical Hygiene Plan
<https://sites.google.com/noaa.gov/pifsc-labs/bio-chem-labs/chp>
2. _____ Read and understand the Biosafety Plan
<https://sites.google.com/noaa.gov/pifsc-labs/bio-chem-labs/biosafety-plan>
3. _____ Complete Basic Laboratory orientation and safety training (Contact Laboratory Manager to schedule.)

Date completed: _____; Laboratory Manager's initials: _____

I feel comfortable that the following topics have been covered during my orientation and I understand what is expected of me, and who to ask questions of when I am unsure.

- | | |
|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Fume Hood, Biosafety Cabinets | <input type="checkbox"/> Spill Kits |
| <input type="checkbox"/> Eyewash/ Safety Showers | <input type="checkbox"/> Injury Reporting |
| <input type="checkbox"/> Hazardous Material Storage | <input type="checkbox"/> Chemical and Specimen Labeling |
| <input type="checkbox"/> Fire Extinguishers and pull stations | <input type="checkbox"/> Hazardous Waste labeling |
| <input type="checkbox"/> Emergency Evacuation Gathering Points | <input type="checkbox"/> Activity Hazard Assessment |
| <input type="checkbox"/> First Aid Kits | <input type="checkbox"/> Reviewed laboratory safety briefing and completed quiz |

4. _____ Review, with my supervisor, the Safety Data Sheets and Standard Operating Procedures (including any mandatory Personal Protective Equipment) for work that I will be performing.

To be completed by laboratory manager:

Laboratory Safety Quiz | ☐ Passed (≥90%) ☐ Failed | Date of quiz: _____ | Re-test results: _____

Confirm that this User Agreement is complete and that all signatures have been obtained.

Scan this form to a single PDF file and name it as follows: "LastName_FirstName-LabUserAgreement-YYYYMMDD.pdf"

(Where, YYYYMMDD is the date of the last signature.) Example: Potter_Harry-LabUserAgreement-20160823.pdf

Save the file in the google folder, "[Lab User Agreements](#)".

Add user to the "[Authorized Laboratory Users](#)" google spreadsheet.