

## Laboratory User Safety Declaration Form

School of **Biological/Chemical/Mathematical/Physical** Sciences,

*[Please strike off whichever is not applicable]*

**NISER, Bhubaneswar**

*(Each laboratory user should complete this form and submit this to the scientific officer, who is member of the departmental safety committee, for storing it in a common place for easy access when required)*

**Name of the user:**

**Roll no./P.F.no.:**

**Affiliation/Department:**

**Designation:**

### DECLARATION

I declare that

-I have attended the lab safety orientation seminar  Yes  No **Date:**

-I know locations of:

- Fire extinguishers
- First aid kits
- Lab exits
- Telephones/intercoms

-I have read the departmental safety manuals and other related information [e.g. MSDS, other safety guidelines etc.] and understood safety procedures to safeguard me and my neighbours and neighborhood, and agree to abide by rules mentioned therein.

**New worker signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_