

University Lab Access Authorization for Students

I am aware that I will be using a Methodist University Laboratory without the supervision of an instructor. I am requesting from the instructor of my class access to the laboratory listed below to complete a project, makeup assignment, or for student research.

I am aware that there must be a minimum of two (2) students, staff, faculty, or a mixture of the previously stated to be able to occupy a Methodist University Laboratory without the supervision of the instructor. If one person leaves the other party must leave.

I am aware that I am responsible for all chemicals, equipment and supplies that are used in the lab while I am present.

I am knowledgeable in the Emergency Procedures for Laboratories on the Methodist University campus and know that if anything is to occur to contact Police and Public Safety at x7577.

I am aware that I must wear proper Personal Protective Equipment that is required by the SDS (MSDS) of each chemical.

If it is determined that any of the above rules were violated or any of the rules in the Methodist University Chemical Hygiene Plan were violated then your laboratory access privileges will be terminated.

I am requesting access to the following Lab for the following Dates:

Lab Room #: _____

Dates: _____ - _____

Student Name

Instructor Name

Student Signature

Instructor Signature

Student ID #

Department

Date

Date

Department Chair

EHS Office Signature

Date

Date