Laboratory Clearance Form

MIT Department of Materials Science and Engineering

Researcher Name: ________________________________
Researcher Kerberos ID: ________________________
Title/Position of Researcher: ______________________
Mentor Name (For UROPs and Minors): ________________
PI/Faculty Name: _________________________________

To be filled out by the researcher:

___ I have updated my Training Needs Assessment (http://ehs.mit.edu/site/training).
___ I have completed General Chemical Hygiene Training (on-line or classroom).
___ I have completed Managing Hazardous Waste Training (on-line or classroom).
___ I have read the DMSE Chemical Hygiene Plan (http://dmse.mit.edu/research/laboratory-safety/forms).
___ I have completed the DMSE Emergency Preparedness Plan Training
___ I have completed Lab Specific Chemical Hygiene Training.
___ I have read the list of Particularly Hazardous Substances (PHSs) and am familiar with the associated Standard
  Operating Procedures for each PHS used in the laboratory.

Signature ________________________________ Date ___/___/_______

To be filled out by the lab’s EHS rep or other designated person:

___ I provided Lab Specific Chemical Hygiene Training to the researcher listed above on ___/___/_______.
___ I have shown the researcher how to access relevant lab safety documents (SOPs, SDSs, ECPs, BRRs, etc.)

Print Name ___________________________ Signature _______________________________

To be filled out by the PI/Faculty:

The researcher listed above is authorized to work in my lab space.

Faculty Supervisor Signature ________________________________ Date ___/___/_______

To be filled out by the EHS Coordinator:

EHS Coordinator Signature ________________________________ Date ___/___/_______

Submit the completed Clearance Form to the DMSE EHS Coordinator at dmse-ehs@mit.edu prior to working in the lab.

Revised: November 2022