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**MASSACHUSETTS INSTITUTE OF TECHNOLOGY**  
Department of Materials Science and Engineering

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## DMSE LABORATORY KEY AUTHORIZATION FORM

**LABORATORY-SPECIFIC SAFETY TRAINING HAS BEEN PROVIDED AND AGREED TO, AND THE  
CHEMICAL HYGIENE PLAN HAS BEEN READ; PLEASE ISSUE A KEY CARD FOR:**

Laboratory Number: \_\_\_\_\_  
(Bldg. and Room No.)

Name: \_\_\_\_\_  
Last First

Position (Circle One): Faculty, Post Doc, Graduate Student, Undergraduate  
Student, Research Specialist, Sr. Secretary, Visiting  
Scientist, UROP Student, Other:  
\_\_\_\_\_

Exp. date of Termination: \_\_\_\_\_

\_\_\_\_\_ MIT ID Number Department Office Number

\_\_\_\_\_ Phone Fax Email

Print Name of Principal Investigator  
or Laboratory Supervisor: \_\_\_\_\_

Approval Signature, P.I. or Lab. Super.: \_\_\_\_\_

Approval Signature  
Mary Lindstrom, DMSE EHS Coordinator: \_\_\_\_\_

Signature, Key Recipient: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
DMSE AUTHORIZATION SIGNATURE FOR KEY CARD