

APPROVAL FORM FOR STUDENTS WORKING WITHOUT STAFF PRESENT
IN KEAN SCIENCES

The following student has received safety training, including having read the Kean Lab Safety Manual General Information section as well as the Bloodborne Pathogens section and/or Chemical Hygiene Plan (as appropriate to the research being conducted).

Student name: _____

Faculty/Staff supervisor/trainer: _____

In addition, the student has had training on the following pieces of equipment essential to their research: (check appropriate items – use reverse side if more room is needed)

- Balances (including need to clean up spills and note maximum weight)
- Centrifuges (including need to balance for a run and wipe up any spills)
- Compressed gases (including the movement and changing of tanks as needed)
- Cryogenics (___dry ice or ___liquid nitrogen)
- Gel documentation system – specify: _____
- PCR machine(s) – specify room(s)_____
- Rotary evaporator system – specify room(s)_____
- Other (please list): (If a specific instrument, please note room #)
 - _____
 - _____
 - _____
 - _____
 - _____

I (faculty/staff) hereby attest to the student's competency in use of the noted instrumentation and knowledge of safety and proper conduct in the lab. I further attest that I will monitor their research and that they will not work with hazardous materials or equipment without appropriate supervision.

Faculty/Staff trainer: _____
(Signature) (Date)

I (student) hereby agree to follow all safety and procedural protocols as noted in my training, the SOPs appropriate to my research, and the Kean Lab Safety Manual. I will be sure someone is within hearing range while I am working in the lab so I am not working alone in the area. I understand that failure to abide by the Manual and appropriate conduct in the lab may result in loss of the privilege to work without a supervisor present.

Student: _____
(Signature) (Date)