

SMITA Chemical Laboratory

Form C-1

The goal of this form is to ensure that all students/Project Staff working in the SMITA Laboratory has a minimum level of safety and working training which includes Standard Operating Procedures and Safety Guidelines.

S No. _____ **Student/ Project Staff Name:** _____

S. No.	Kind of Formality	Signature of Concerned person	Date
1	Permission from lab incharges Chemical processing lab New fiber science lab		
2	Access account for inventory system		
3	Have read safety and working procedure of (SOP)		
4	Laboratory trainings:		
a	Lab operating training		
b	Chemical safety training		
c	Chemical use and handling training		
d	Glassware use and handling training		
e	Laboratory equipment training		
5	Inventory control training		
6	Issuing of a cupboard in Lab		

I have read and will observe the SMITA Laboratory Safety Guidelines. I have attended the training program and feel comfortable with my responsibilities in the SMITA group. I agree to ensure cooperation with all SMITA members and safety of all while working in the laboratory.

Student/ Project Staff Signature: _____ **Date:** _____

Lab Incharge Signature: _____ **Date:** _____

Signature of PI/Co PI: _____ **Date:** _____