

# SMITA Chemical Laboratory

## Form C-2 Instrument's Training Form

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: \_\_\_\_\_

Name of Instrument	Signature of Concerned Person	Date
1. Weighing Balance		
2. Air Oven		
3. Refrigerator		
4. Vaccum Oven		
5. Microwave Reactor		
6. Ultrasonic Bath		
7. Hot Stirrer Plate		
8. Viscometer		
9. Water Purifier		
10. Centrifuge		
11. UV Chamber		
12. pH meter		
13. Canon Digital Camera		
14. Handy Cam		
15.		
16.		
17.		
18.		
19.		
20.		

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: \_\_\_\_\_

Signature of Lab Incharge: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of PI/Co PI: \_\_\_\_\_ Date: \_\_\_\_\_