

# HOPKINS MARINE STATION LABORATORY TRAINING

Form 8/07/1998 Complete and file with your Lab Safety Binder or with Chris x216

ROOM(S) & BUILDING _____													
PRINCIPAL INVESTIGATOR _____													
DATE _____ STUDENT NAME _____													
<b>LAYOUT</b> (check off as discussed) <ul style="list-style-type: none"> <li><input type="checkbox"/> Evacuation Plan</li> <li><input type="checkbox"/> Location of safety information</li> <li><input type="checkbox"/> Location of fire extinguisher</li> <li><input type="checkbox"/> Location of eyewash &amp; shower</li> <li><input type="checkbox"/> Location of gloves, glasses, aprons</li> <li><input type="checkbox"/> Location of chemical storage groups</li> <li><input type="checkbox"/> Location of other hazards (electrical, etc)</li> <li><input type="checkbox"/> Location of waste storage</li> </ul>	<b>OTHER HAZARDS</b> (check off as discussed) <ul style="list-style-type: none"> <li><input type="checkbox"/> Electrical (&gt; 500 volts)</li> <li><input type="checkbox"/> Lasers</li> <li><input type="checkbox"/> Cryogenes</li> <li><input type="checkbox"/> Sharps</li> <li><input type="checkbox"/> Heat Sources</li> <li><input type="checkbox"/> other _____</li> <li><input type="checkbox"/> other _____</li> </ul>												
<b>DANGEROUS CHEMICALS</b> (check off as discussed) <ul style="list-style-type: none"> <li><input type="checkbox"/> Location(s) - where are they</li> <li><input type="checkbox"/> Hazards Explained - what are they</li> <li><input type="checkbox"/> Precautions - personal protection needed</li> <li><input type="checkbox"/> Waste - where and how is it taken care of</li> <li><input type="checkbox"/> Spills - steps to take care of</li> </ul>													
<b>CHEMICALS DISCUSSED (IN USE IN THIS LAB):</b> (check off as discussed) <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table>													
Signature of Principal Investigator or CSO  _____	Signature of Student  _____												