

Student Safety Declaration Form for Practical Class / Research Work

This form must be completed by the Student and given to the Tutor, Lecturer, Research Supervisor or Course Coordinator during the first practical class. No experimental work should start until this form has been completed.

Name: _____

Matric Number: _____

Course Code: _____

	Yes	No
I have read and I understand the Occupational Health and Safety in the Laboratory guidelines http://science.utm.my/laboratory/safety-guideline/		
I understand the procedures outlined in this guideline regarding emergency evacuation. I agree to follow the instructions of my tutor / instructor / supervisor, security and other competent persons during emergencies. I agree to familiarize myself with the local emergency arrangements of the laboratory, including the location of the eye wash and safety shower.		
I am aware of my Workplace Health and Safety responsibilities.		
I understand that personal protective equipment (PPE) may be required for this course and I agree to wear it as directed by the tutor / instructor / supervisor.		
I understand that if I am not wearing appropriate PPE, I can be excluded from the laboratory for that class / research laboratory.		
I agree to follow all safety procedures explained to me by the tutor / instructor / supervisor.		
Eating, drinking, gum chewing, applying cosmetics, are not permitted in the laboratory.		
I understand that inappropriate conduct can result in the denial of further laboratory access, such as horseplay, conducting unauthorized experiment, frivolous activities, mischievous behaviour, throwing items, and pranks are prohibited.		
I understand that all accidents, including 'near miss' incidents need to be reported to the lecturer, supervisor or tutor immediately.		
I understand that all faulty or broken equipment needs to be brought to the attention of my tutor / instructor / supervisor immediately for record keeping.		
I agree to advise the course coordinator or instructors of any known allergies / sensitivities to chemicals or known historical illness (such as epilepsy) or pregnancy.		
I agree to advise the course coordinator of any physical or mental disability, or any circumstance (such as health problems) that may negatively impact safety in the laboratory.		

Student Declaration : By signing this form, I acknowledge and fully understood that the laboratory, or field sites can be an unsafe place to work and learn. The safety rules and regulations are developed to help prevent accidents and to ensure my own safety and the safety of my fellow students. I will follow any additional instructions given by my instructor.	Name: _____
	Signature: _____
Date: _____	
Acknowledged By: (Lab Instructor / Asst. Science Officer / Lecturer / Project Supervisor)	Name: _____
	Signature: _____
	Stamp: _____
Department and Laboratory / Room Number : _____	

*Original copy must be kept by the officer / staff in charge of the laboratory.