



Aaron Walworth
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Notes:
- Please print clearly and legibly.

Date:		Phone (optional):	
Name:		E-mail Address:	
Department:		MSU NetID:	
Advisor's Name:		Advisor's e-mail:	

Project Title:

Instruments that will be used:
(costs will be provided upon request)

Key(s) to the labs will not be issued until all safety training on this application has been completed.
Training on specific instruments must be scheduled by contacting lab manager after completion of this general safety training.

Online training courses may be accessed at: <https://ehs.msu.edu/training/index.html>

Date applicant completed Lab Safety Basics + Biologicals (No Bloodborne Pathogens) EHS Training Track* (online):
*Must complete all sections of this track listed below; **Requires annual refreshers

1) Chemical Hygiene**	
2) Hazardous Waste**	
3) Compressed Gas Cylinder Safety.....	
4) Cryogen Safety.....	
5) Lab Security Awareness.....	
6) Asbestos in the Lab Setting.....	
7) Biological Safety and Security - General**	
8) Biohazardous Waste**.....	
9) Autoclave Safety.....	

Date applicant took EHS Non-Clinical Medical Sharps Laboratory Training Track (online):

Date applicant reviewed Chemical Hygiene Plan (https://ehs.msu.edu/_assets/docs/chem/msu-chem-hygiene-plan.docx), Waste Disposal Guidance (<https://ehs.msu.edu/waste/guidance/index.html>), and SoP Site Specific Safety Document (<https://www.canr.msu.edu/packaging/research/internal-info-for-lab-users/>).....

Date applicant attended the School of Packaging Site-Specific training (email to schedule with lab manager):

Upload a copy of your Site-Specific Training checklist to Ability Training system after completion.

Informed Consent Statement: By signing below, the applicant acknowledges they have been informed about the location and contents of the MSU Chemical Hygiene Plan, the School of Packaging Site Specific Safety and Standard Operating Procedures Document, SDS sheets, and MSU Hazardous Waste Disposal Info. Signing also acknowledges that the applicant has completed the listed trainings.

Trainee Signature:		Date:	
Advisor Signature:		Date:	
SoP Approval:		Date:	

Applicant Status (Check One): ☐ Staff ☐ M.S. ☐ Ph.D. ☐ Undergrad ☐ Other, please describe: