

PERMISSION TO WORK ALONE FORM

SECTION I: Applicant

Name: _____

CAMPUS PHONE NUMBER: _____ CELLPHONE NUMBER: _____

PRINCIPAL INVESTIGATOR: _____

SHORT DESCRIPTION OF WORK TO BE DONE:

HAZARDS ASSOCIATED WITH YOUR WORK:

STRONG ACIDS/ BASES PYROPHORICS HIGH HEAT FLAM. LIQUIDS PHS OTHER

I have completed Lab Safety and Hazardous Waste training at **Carnegie Mellon University**. In addition, I have received training in the proper experimental and emergency procedures from my principal investigator and understand those procedures for the work I am authorized to do.

APPLICANT SIGNATURE: _____ DATE: _____

SECTION II: PRINCIPAL INVESTIGATOR APPROVAL

The applicant has been trained in the proper experimental and emergency procedures for the work to be performed and understands those procedures.

BUILDING AND LAB NUMBER(S): _____

HOURS ALLOWED ACCESS TO LAB: _____

DURATION OF PERMISSION: _____

WHAT PROCEDURES HAVE YOU IMPLEMENTED TO MITIGATE THE RISKS FROM THE HAZARDS ABOVE:

PRINCIPAL INVESTIGATOR'S SIGNATURE: _____ DATE: _____

CAMPUS PHONE: _____ EMERGENCY PHONE: _____

SECTION III: LAB SAFETY AND HAZARDOUS WASTE TRAINING

This applicant has completed laboratory safety and hazardous waste training provided by the Environmental Health and Safety Department (EH&S).

TRAINING DATE: _____

EH&S SIGNATURE: _____ DATE: _____