

DECLARATION

I have read the following Safety documents: (Please tick ✓ where applicable)

() Pharmacology Occupational Safety, Health and Environment Policy

<http://medicine.nus.edu.sg/medphc/safety/safety-message.html>

() Safety Rules in the Laboratory

<http://medicine.nus.edu.sg/medphc/doc/Safety%20Rules%20in%20the%20Dept.pdf>

() I have discussed any issues which I do not understand with my collaborator / supervisor / the laboratory office-in charge.

() I understand the contents of these documents. I am aware of, and have read and signed a copy of the risk assessment(s) pertaining to the particular experiment(s) which I will be carrying out. I am also familiar with all matters relating to general laboratory safety.

Name :		Date :	Signature :
Staff	RF / RAS / RA / LO	Student	Graduate / FYP / UOPS
	Others:		Others:
Supervisor			
Safety Chair	A/P Gautam Sethi		
HOD / Deputy HOD	A/P Fred Wong / A/P Gavin Dawe		