

DECLARATION

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

() Pharmacology Occupational Safety, Health and Environment Policy

<https://medicine.nus.edu.sg/medphc/safety-health/safety-message/>

() Safety Rules in the Laboratory

<https://medicine.nus.edu.sg/wp-content/uploads/sites/33/2022/07/Safety-Rules-in-the-Dept.pdf>

() I have discussed any issues that I do not understand with my Collaborator / Supervisor / Safety Lead.

() 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) that I will be carrying out. I am also familiar with all matters relating to general laboratory safety.

Name: _____

Staff: SRF / RF / RAs / RA / LT / Others: _____

Student: Graduate / FYP / UROP / Attachment / Others: _____

Signature: _____

Date: _____

	Name	Signature	Date
Supervisor			
Safety Chair	A/P Gautam Sethi		
HOD / Deputy HOD	A/P Gavin Dawe / A/P Low Chian Ming		