

**Safety Checklist for Non-departmental User / Collaborator Working In the Research
Laboratory of Pharmacology**

Staff: Choose an item. Student: Choose an item. Others: Click or tap here to enter text.	Name: Click or tap here to enter text.	Date	Click or tap here to enter text.
	Signature:		
Supervisor	Name: Click or tap here to enter text.	Date	Click or tap here to enter text.
	Signature:		
Department / Organization: <u>Click or tap here to enter text.</u>			
Supervisor/ Collaborator In Pharmacology (if applicable)	Name: Click or tap here to enter text.	Date	Click or tap here to enter text.
	Signature:		

- I have successfully completed all relevant training courses.
- I have read and understood the following documents:
 - a. Pharmacology Occupational Safety, Health and Environment Policy
 - b. Safety Rules in the Laboratory
 - c. Safety and Health Induction Checklist For New Laboratory Users
 - d. Risk assessment(s) and Standard Operating Procedures pertaining to the particular experiment(s) which they will be carrying out
- I will abide to all the safety regulations, requirements and matters relating to general laboratory safety.
- I will put on the appropriate PPE when working in the research laboratory.
- I have proper training of handling the various instruments that I plan to use during the course of my research project.
- I have discussed any safety and health issues that I do not understand with my collaborator or the laboratory office-in charge.
- I am familiar with the Fire Escape Plan and Route of the building.
- I will report to their collaborator or the laboratory office-in charge in the event when an incident has happened.
- I will dispose or transfer all unwanted biohazards, chemicals and/or radioactive substances once the collaborative research project has been completed.