*The Ohio State University*

*Department of Chemistry and Biochemistry*

**Training Record – Lab Specific Safety**

Group Name:

Student Name:

Check

1. **Laboratory Guidelines**

* read and understood all portions of the Chemical Hygiene Plan 🞏
* read and understood the “Guidelines for a safer lab” 🞏

Student Signature: Date:

Supervised by: Date:

1. **Standard Operating Procedure for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* read the SOP 🞏
* successfully demonstrated under supervision of a trained person 🞏

Student Signature: Date:

Supervised by: Date:

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