

## STUDENTS' LAB SAFETY DECLARATION FORM

I, Ms. \_\_\_\_\_ D/o \_\_\_\_\_ Admission No. \_\_\_\_\_  
of \_\_\_\_\_ Mobile No. \_\_\_\_\_  
(Programme)

hereby undertake that I have gone through the IISU laboratory safety manual and guidelines available on the University website and assure you of following all the safety rules and regulations prescribed in it.

Further, I hereby undertake the following:

1. I am aware of my Health and Safety responsibilities in the workplace.
2. I have read/viewed the safety videos and safety PPTs prescribed for me.
3. I agree to wear the Personal Protective Equipment (PPE) when required.
4. I understand that if I am not wearing appropriate PPE, I can be excluded (barred) from the Laboratory for that day.
5. I agree to follow all safety procedures explained to me by the teacher or technician.
6. Inform the respective staff if I want to use the lab while or after working hours.
7. Will use the equipment and apparatus with the utmost care and follow guidelines given in its manual.
8. I understand that I must not eat food or drink in the laboratory.
9. I understand that floor sweeping clothes, loose head covering and long sleeves extending to the palm are not allowed in the lab.
10. I understand that inappropriate conduct can result in the denial of further laboratory access.
11. I understand that all faulty or broken equipment needs to be brought to the attention of the lab technician in-charge immediately.
12. I am familiar with the emergency procedures for the laboratory and I am familiar with the location of the eye wash, safety shower, emergency exit, fire extinguishers and first aid kit.
13. I agree to practice good housekeeping to minimize unsafe work conditions (like cluttered, benches, accumulated chemical wastes, obstructed exits etc.)
14. I agree that noncompliance will invite disciplinary action.

I \_\_\_\_\_ hereby also undertake that while working in the Laboratory, if any mishap occurs due to which any injuries/wounds are inflicted upon me, I shall be solely responsible for it and shall not make any claim(s) whatsoever. I agree that IIS University holds no responsibilities for any accident that may appear during the Lab work because of my unsafe practices and responsibility.

Signature of the Student

Signature of the Supervisor

Signature of the Parent/Guardian

Signature of the Head of Department

Signature of the Lab Assistant

Date: