

# NCEM Safety Controls Form

A completed, original copy of this form must be provided by the researcher before he/she will be allowed to begin any work at NCEM. Please present the signed form to John Turner or Doreen Ah-Tye.

Researcher Name \_\_\_\_\_

Proposal # \_\_\_\_\_

Proposal Title \_\_\_\_\_

What is the material of your sample? \_\_\_\_\_

## 1. Specimen Preparation

Will you bring completed specimens? \_\_\_yes \_\_\_no

Do you intend to do any electropolishing of samples? \_\_\_yes \_\_\_no

Do you intend to do any chemical thinning? \_\_\_yes \_\_\_no

Do you intend to do any grinding, dimpling, microscopy or ion milling? \_\_\_yes \_\_\_no

If you require specimen preparation support, please specify what help you will need \_\_\_\_\_

## 2. Training

LBNL requires all employees and guests to be properly trained and work safely.

The following courses are **mandatory** for all employees and guests at LBNL/NCEM.

- NCM 0010
- EHS 405 (GERT)

Depending upon your activities at NCEM, you may have to complete additional courses, available online at: [http://www.lbl.gov/ehs/training/courses\\_online/index.shtml](http://www.lbl.gov/ehs/training/courses_online/index.shtml).

- Basic Electrical Hazard Awareness, EHS 260
- Chemical Hygiene Safety Training, EHS 348
- Hazardous Waste Generator Training, EHS 604
- Compressed Gases and Cryogen Safety, EHS 231
- Safe Handling of Engineered Nanoscale Particulate Matter, EHS344

## 3. General Safety Rules

### You must:

- have an approved proposal and completed this form to use the specimen preparation facilities.
- leave both lab doors open with door stops while in the wet lab for access in case of accident.
- report all injuries, no matter how slight. Notify your supervisor.

**Work in the wet lab (room 102) is not permitted past 6 PM and never on weekends.**

If an accident occurs after hours or on a weekend, call x7911 for medical attention (if necessary), and follow up with Health Services, Building 26, the next working day.

## 4. Certification

I certify and acknowledge that I am responsible for my safety.

I have read and understand this Safety Controls Form and agree to follow all prescribed safety procedures.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

LBNL Supervisor \_\_\_\_\_

Date \_\_\_\_\_

(exp. date.....)