

**SUNUM SAFETY RULES ACCEPTANCE FORM**

This form should be filled before the admission grant to the laboratories by students and given to SUNUM Facilities Management. Laboratory access would not be granted if this form is not filled out.

(The copy of the form must exist in student’s/researcher’s folder)

Name:

Surname:

Sabanci University ID No:

Department/University:

Mail Adress/Phone:

Lecture/Thesis/Project Name:

* I have been given “the SUNUM Safety Orientation”. **🞎**
* I know my responsibilities about laboratory safety. **🞎**
* I accept applying all safety procedures noticed by responsible person. **🞎**
* I know that I mustn’t have an experiment without permission. **🞎**
* I know that I should inform responsible person when I work after time off. **🞎**
* I know that I must use Personnel protective equipment at all times **🞎**
* I know that I should inform damaged and broken equipment to the

responsible person immediately. **🞎**

* I know about Emergency Program. I know where the fire extinguishers, first aid

cabinets, emergency showers and emergency exits are. **🞎**

* I have a personal health problem (diabetes, asthma). I notify this to responsible

person in written. **🞎**

* I know I will receive written warning and will be suspended from laboratory

if I break the rule. **🞎**

* I know and accept that if I break the rules; laboratory is not responsible any of

the materially or morally damages . **🞎**

Date : ................ SIGNATURE:...........................