

MRL Short-Term Visitor Training Documentation

(to be filled out by the associated UCSB PI)

Visitor's name: _____

Home Institution: _____

Associated UCSB PI(s): _____

Authorized Lab space(s): _____

Required PPE: _____

Brief description of work to be performed:

Safety Training:

-Have you taken the UCSB Laboratory Safety Training Course? If yes, when?

-If not, when and where did you receive your laboratory safety training? (Please attach a copy of your safety training records to this form.)

Visitor:

____ I acknowledge that I am not to enter any lab space that I am not specifically authorized to use.

____ I acknowledge that I am aware of the PPE requirements for the lab spaces I have been authorized to use.

____ I acknowledge that I will wear the required properly-fitting PPE (issued by UCSB for my visit) any time I am in a lab.

I understand all of the above and agree to comply with all requirements of safe work practice.

MRL Visitor's Signature

Date

Faculty:

I acknowledge that under the UCSB Injury and Illness Prevention Program, supervisors are responsible for training employees in safe work procedures and documenting this training in a **Training Needs Assessment** for each individual. In addition, I have reviewed this person's safety training and I approve this person to work in the MRL.

Faculty Supervisor's Signature

Date