

University of Wisconsin – Madison
Biological Systems Engineering Department
SHOP AND LAB SAFETY AGREEMENT

To be granted the privilege of using the department’s facilities, you are required to be familiar with, and to observe, departmental procedures and safety regulations governing their use. These regulations are attached to this sheet and are posted in the shop and labs. Violations may result in the loss of the privilege or disciplinary action. This agreement requires annual renewal.

I acknowledge that I have completed an orientation program for the purpose of acquainting myself with proper and safe procedures when using facilities or operating tools and equipment and agree to abide by the UW’s “Safety Rules” and the Biological Systems Engineering Department’s “Instructions and Regulations”, which I have read.

Signature

UW Telephone

Date

Department

Supervisor’s name (print)

Complete the form below to provide information which could be helpful in the case of an accident or medical emergency. **PLEASE PRINT.**

Full Name: _____

Birth Date: _____

Local Address: _____

Email: _____

Telephone: _____

Person to contact in the event of an emergency:

Full Name: _____

Relationship: _____

Local Address: _____

Telephone: _____

Physician: _____

Telephone: _____

Hospital Choice: _____

Specify any information you feel might be valuable in case of an emergency (e.g., prescriptions you may be taking; allergies; back, joint or other mobility problems.)

Have you had training on any of the following:

First Aid: Date Certified _____

Confined Spaces

CPR: Date Certified _____

OSHA Trenching

Chemical Worker

Radiation Safety