



Biological Systems Engineering

UNIVERSITY OF WISCONSIN-MADISON

LAB SAFETY AGREEMENT

To earn 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 on the BSE website and 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 watched the employee seminar video on the BSE website. I have read the BSE Instructions and Regulations document. I understand violations may result in the loss of lab privilege or disciplinary action.

Type your name in the signature field (or sign if filling out by hand) to signify agreement with these terms and the rules & regulations of the department.

Signature	_____	Date	_____
Department	_____	Supervisor	_____
Phone number	() -	E-mail	_____
Full Name:	_____	Birth Date:	_____
Local Address:	_____		

Person to contact in the event of an emergency:

Full Name:	_____	_____
Address:	_____	
Phone number:	() -	