

Non-Museum Employee\Visitor Lab Safety Checklist

Last Name		First Name		M.I.
Museum Department				
UAF Affiliation: Please review the follo	Faculty Staff Graduate Student Undergraduate Stude		Research Associate Visiting Researcher Visitor Other:	
Document		Date Completed	Document	Date Completed
Museum Emergency Action Plan* Other Lab Safety Procedur applicable	es, if		Department Chemical Hygiene Plan%	
*Non-Museum Employees ar	nd Visitic docur	ors are not required to	useum/staff-information/training/uaf- take the Museum Emergency Action aboratory. If you are unable to locate	ı Plan Quiz
Signature			Date	
Department Head Signa	ture		Date	