

Non-Museum Employee\Visitor Lab Safety Checklist

Last Name		First Name		M.I.
Museum Department UAF Affiliation:	S	aculty taff Graduate Student Undergraduate Stud	Research Associate Visiting Researcher Visitor Other:	
Please review the follow	ving do			
Document		Date Completed	Document	Date Completed
Museum Emergency	•		Department Chemical	
Action Plan ¹	:c		Hygiene Plan ²	
Other Lab Safety Procedures, if applicable ³				
Museum Employees and Visi	tors are	not required to take t	staff-information/training/uaf-require the Quiz	
³ Consult with Department He	ead			
Signature			Date	
Department Head Signat	ure		Date	