



Safety Registration Form

University of Aveiro, Department of Chemistry & CICECO

Please note: A completed, signed version of this form is required prior to be granted official access to the buildings of the Department of Chemistry (CICECO included).

Applicant

Contact

Supervisor(s)

Contact(s)

All information contained in this Safety Registration Form is accurate and complete.

I (the applicant) have read this safety booklet, understood its contents and am now familiar with the safety procedures implemented in Department of Chemistry and Associated Laboratory CICECO of the University of Aveiro.

I understand that for additional questions regarding safety I shall speak with my supervisor(s) and, if necessary, seek advice with the Safety Committee. I further agree to immediately inform my supervisor(s) and the person responsible for my laboratory about any research-related accident or exposure incident. If requested, I agree to write a small report of the occurrence.

I (we), the supervisor(s) of the new applicant, accept the responsibility of the work which will be carried out in my (our) laboratory(ies). All research co-workers will be familiar with and understand the potential hazards of research work which will be carried out.

Signatures

Applicant

Supervisor(s)

**Lab/Group
Responsible**

Date