

INSTITUTE FOR SOLDIER NANOTECHNOLOGIES – LAB ACCESS REQUEST FORM

ALL FIELDS MUST BE COMPLETED

First Name:		Last Name:			MIT ID#:	
MIT Email:		MIT Department:			MIT Office/Lab and Phone#:	
Job Title:	<input type="checkbox"/> Grad Student	<input type="checkbox"/> Post-Doc	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Summer Intern/UROP	<input type="checkbox"/> Visiting Scientist/Faculty	Other: _____
Are you working on an ISN Project? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, you MUST provide the following information → →			Equipment you wish to access:			
PROJECT NAME: _____			1. _____ 3. _____			
PROJECT NUMBER: _____			2. _____ 4. _____			
MIT spending account authorized to use: _____						
Please explain briefly why you need access to this equipment at the ISN and describe your research activities and samples:						
Are any of your materials classified as particularly hazardous substances (PHS), regulated materials/activities, or any of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, from the list below check all that apply or add to 'Other' if not listed):						
<input type="checkbox"/> Biological (BL1/BL2) <input type="checkbox"/> Blood Borne Pathogens <input type="checkbox"/> Lasers <input type="checkbox"/> X-ray <input type="checkbox"/> Radioactive <input type="checkbox"/> Explosives <input type="checkbox"/> Pyrophorics <input type="checkbox"/> Mercury <input type="checkbox"/> Azides <input type="checkbox"/> Peroxide Formers <input type="checkbox"/> Nanomaterials (i.e. CNTs, graphenes) <input type="checkbox"/> Hydrofluoric Acid (HF) <input type="checkbox"/> Nerve gas simulants <input type="checkbox"/> Perchloric Acid <input type="checkbox"/> High Voltage <input type="checkbox"/> High Temperature <input type="checkbox"/> High Pressure <input type="checkbox"/> Other: _____						
If yes above, list specific chemicals/materials below and indicate Yes or No if you have an SOP for the research that you wish to carry out in the ISN Labs using each of these materials:						
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No		_____		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No		_____		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No		_____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Checklist for access:						
<input type="checkbox"/> Completed EHS training requirements 100w 'Chemical Hygiene' (or Chemistry Dept's) and 501w or c 'Managing Hazardous Waste' <input type="checkbox"/> Added my PI to my EHS Training Needs Assessment and list of DLCs (go to: http://ehs.mit.edu/site/training) <input type="checkbox"/> Read the ISN Chemical Hygiene and Safety Plan (EHS requirement 111s), located at NE47-416 <input type="checkbox"/> Completed ISN Lab Specific Safety Training (EHS requirement 110c), contact tatem@mit.edu for training times and location						
Researcher (please read carefully and sign the following):						
I have reviewed the processes and hazards of my work and materials with my PI/Supervisor, and I have answered all of the above questions to the best of my knowledge. I understand, and agree to abide by, all of the instructions outlined in the ISN Chemical Hygiene Plan, ISN Lab Specific training, and all of the posted safety instructions and guidance from both EHS and the ISN. Further, I understand that if I am found at any time to be out of compliance with the policies and procedures for access to the ISN that my access would be revoked, possibly permanently.						
Researcher <i>SIGNATURE</i>					Date:	
For Faculty Supervisor / PI:						
I have discussed the project plans and goals with this person and we have reviewed the hazards associated with the materials and equipment specified above. I accept responsibility for the ongoing supervision of this person, including advising them that they must complete all required MIT and ISN safety training before working in the ISN labs.						
Faculty Supervisor/PI: <i>Faculty SIGNATURE</i>				<i>PRINT</i>		Date:
FOR UROPS and SUMMER INTERNS ONLY						
Summer Intern/UROP Start Date: ___/___/___ End Date: ___/___/___			ISN Mentor: <i>SIGNATURE</i>		<i>PRINT</i>	

Please return to NE47-414 * 617.324.4700

ALLOW UP TO FIVE (5) BUSINESS DAYS TO PROCESS AFTER RETURNING FORM

ISN Office Use Only

Photo:

_____ .jpeg

Equipment:

Not Applicable/None

1. _____

2. _____

3. _____

4. _____

EHS Requirements:

100 General Chemical Hygiene

371c Laser Safety

110 Lab Specific Training

361c X-Ray Safety

111 CHP

391c Radiation Safety

501 Managing Hazardous Waste

425 High Voltage Safety

260c General Bio-Safety

130 Hydrofluoric Acid

200c BBP

Other: _____

Notes Regarding Access Process:

_____ by: MMCD ALT-B DJ _____ by: MMCD ALT-B DJ

_____ by: MMCD ALT-B DJ _____ by: MMCD ALT-B DJ

Profile Generated and Intranet Login Issued On: ____/____/20____ by: MMCD ALT-B DJ

Access Authorization:

by: MMCD ALT-B DJ Other _____

ISN No Lab

ISN Restrict 4th

ISN PM 4th

ISN No Lab+

ISN Restrict 5th

ISN PM 5th

ISN Restrict

ISN PM

ISN BASE

Date Authorized: ____/____/20____