

Agronomy Shared Labs User Agreement

Department of Agronomy, Iowa State University

Lab Manager

Dani Clark

Agronomy Shared Labs

Department of Agronomy, Iowa State University

Iowa State University Agronomy Department Agronomy Shared Labs Lab Worker User Agreement

This document must be read and signed by all users who work in the group's combined laboratories to verify their training of proper chemical hygiene and safety for all research activities. Researchers include faculty members, visiting scientists, post-doctoral associates, graduate students as well as undergraduate students, and workers hired on an hourly basis.

No work shall begin until each item of this agreement has been initialed and dated, and the completed form reviewed and approved by the laboratory supervisor, Dani Clark.

Researcher's Name: _____

Major Professor/PI or staff supervisor: _____

1. I have read the [Iowa State University Laboratory Safety Manual](#), and know its location in the Agronomy Shared Labs (1528 Agronomy Hall). If I have any concerns regarding proper chemical hygiene, safety or practice in our laboratory that are not clearly discussed in this manual, I will contact the lab manager (Dani @ 1577 Agronomy Hall, 294-3886).

Initials: _____

Date: _____

2. I have received and understand training concerning the safe handling and storage of chemicals in my research group as a result of completing the Laboratory Safety: Core Concepts course and reading sections F and G of the Iowa State University Laboratory Safety Manual and any additional documents prepared by the laboratory manager.

Initials: _____

Date: _____

3. In addition to completing the Laboratory Safety: Core Concepts course, I have also completed the EH&S courses, "Fire Safety and Extinguisher Training" and "Emergency Response Guide Video".

Initials: _____

Date: _____

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4. I have completed the [Safety Training Curriculum for Laboratory Personnel](#) to determine if additional trainings are needed for my research needs.

Initials: _____

Date: _____

5. I have completed the Hazard Inventory Form www.ehs.iastate.edu/forms/hazardinventory.pdf. I understand that as circumstances and research change, I may have to refile this.

Initials: _____

Date: _____

6. I understand the proper procedures for managing and disposing of all chemical and sharps waste in my research group. Satellite Accumulation Areas are located in 1514 and 1528 Agronomy Hall.

Initials: _____

Date: _____

7. I know the location of the Safety Data Sheets (SDSs) (1528 Agronomy Hall), which describe hazards of chemicals in the laboratory, and understand that I am free to refer to them at any time.

Initials: _____

Date: _____

8. I know the location of all safety equipment in my laboratory area. These include the nearest first-aid kit, eyewash, safety shower, spill control kit, fire extinguisher and fire alarm.

Initials: _____

Date: _____

9. I understand that safety glasses, closed-toed and -heeled shoes, protective gloves and a lab coat are required when working with chemicals. I read and understand the information concerning protective equipment contained in Section D of the ISU Laboratory Safety Manual.

Initials: _____

Date: _____

10. I understand that there must be an approved Standard Operating Procedure (SOP) on file for every procedure to be conducted in the laboratory prior to beginning any work.

Initials: _____

Date: _____

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11. If I am injured at work, I will notify my supervisor immediately, and the laboratory manager (Dani @ 1577 Agronomy Hall, 294-3886) as soon as possible. **Undergrad/graduate students:** If the injury is life threatening, emergency medical services are available at all hours by calling 911. If the injury occurs after business hours, go to Mary Greeley Emergency Center. If the injury is non-life threatening, care should be obtained from Thielen Student Health Center Sheldon and Union Drive, (515) 294-5801 for students. If I think that an injury is too minor to warrant action, I will nonetheless inform the laboratory manager, and she/he will record it. **Staff/post-docs/visiting scientists:** If the injury is life threatening, emergency medical services are available at all hours by calling 911. If the injury occurs after business hours, go to Mary Greeley Emergency Center. If the injury is non-life threatening, care should be obtained from McFarland Clinic, Occupational Medicine, P.C. @ 1018 Duff Avenue, Ames, IA (515)239-4496. If I think that an injury is too minor to warrant action, I will nonetheless inform the laboratory manager, and she/he will record it.

See this website (<https://www.ehs.iastate.edu/occupational/accidents-injuries>) for more information. An accident report must be filled out regardless of your injuries (life threatening vs. non-life threatening) or if you go to the doctor or not. The accident report can be filled out at the same website listed above.

Initials: _____

Date: _____

12. I understand the Emergency Evacuation Plan for my research group. In case of **fire**, I will go to the Agronomy Hall courtyard by the sculpture. In case of a **tornado**, I will go to the Agronomy Hall basement. In either case, I understand that the group will assemble and I will assist in verifying that everyone in our research group is accounted for if not present.

Initials: _____

Date: _____

13. I understand that before I use laboratory equipment in the Agronomy Shared labs, I must be trained in the proper operating procedures by a qualified person as determined by the laboratory supervisor.

Initials: _____

Date: _____

14. I have thoroughly read, understand, and agree to abide by the policies and procedures set forth in this document. I understand use of the Agronomy Shared Lab is a privilege, am aware of my responsibilities in the laboratory. Repetitive failure to follow laboratory policy will result in loss of my laboratory privileges.

Initials: _____

Date: _____

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15. I understand that before I leave the Agronomy Shared Labs, I must complete a check-out procedure which will include:
- Filling out and submitting an [ISU lab check-out form](#) to the lab manager
 - Submitting all chemical waste to ISU EH&S;
 - Properly storing and labeling all research products to be kept by my research group for further use as approved by my major professor/PI.
 - Preparing a complete inventory of all research products remaining behind.
 - Cleaning of all work areas used.
 - An inspection by the laboratory manager.

Initials: _____

Date: _____

Approved by: _____
(Dani Clark signature)

Date Approved: _____