**Faculty Laboratory Safety Verification Form**

**(Note: This form is to be completed for each research laboratory and signed**

**by the faculty researcher responsible for the lab.)**

I, Click here to enter text., confirm one of the following regarding my laboratory space located in Rm. Click here to enter text., Choose an item.:

Please choose one of the following

I have not taken procedures to assure that the indicated laboratory is safe.

The indicated laboratory is safe to the best of my knowledge, and I plan to have Safe Operating Procedures (SOPs) submitted to the SSoE Associate Dean for research Office for transmission to Environmental Health and Safety by Click here to enter a date.

The indicated laboratory is safe to the best of my knowledge, and I have submitted Safe Operating Procedures (SOPs) to the SSoE Associate Dean for Research Office on Click here to enter a date. for transmission to Environmental Health and Safety and am awaiting their input.

The indicated laboratory is safe to the best of my knowledge, and the Safe Operating Procedures (SOPs) and safety training programs have been approved/established by Environmental Health and Safety effective Click here to enter a date.

Signed: Click here to enter a date.