**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.