

# BIOLAB FACILITY POLICY AGREEMENT FORM

**Name and surname:**

**Email:**

**Group:**

**I declare that:**

The person in charge has explained to me the personal protective equipment (PPE) that is needed in the Biolab, and I agree to wear them properly when needed.

I agree to follow all procedures explained by the Biolab Facility manager.

I have understood and will apply safety and health regulations and the rules of conduct within the laboratory.

I have understood the need for any accident / incident that happens in the laboratory to be reported immediately.

I understand that any defective equipment or materials must be reported immediately to the person in charge.

I am familiar with the procedures in case of emergency in the laboratory and I know the location of the emergency eye wash station and fire extinguisher.

**Date:**

**Signature:**