**Annexure A6**

**Safety and Security undertaking**

This form must be completed by the Student and to be returned to the Faculty Supervisor before starting any work in the laboratory. No experimental work should start until this form has been completed

Name:

Name of faculty supervisor:

Name of the Project:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Particulars** | **YES** | **NO** |
| 1 | I have read and I understand the Laboratory Safety Guidelines. |  |  |
| 2 | I am aware of my Health and Safety responsibilities in the workplace. |  |  |
| 3 | I agree to wear the Personal Protective Equipment (PPE) when required. |  |  |
| 4 | I understand that if I am not wearing appropriate PPE, I can be excluded (barred) from the lab for that day. |  |  |
| 5 | I agree to follow all safety procedures explained to me by the lab lecturer or technician. |  |  |
| 6 | I understand that I must not eat food or drink in the laboratory. |  |  |
| 7 | I understand that floor sweeping clothes, loose head covering and long sleeves extending to the palm are not allowed in the lab. |  |  |
| 8 | I understand that inappropriate conduct can result in the denial of further laboratory access. |  |  |
| 9 | I understand that all accidents, including ‘near miss’ incidents need to be reported to the faculty supervisor immediately. |  |  |
| 10 | I understand that all faulty or broken equipment needs to be brought to the attention of the lab technician in charge immediately. |  |  |
| 11 | I am familiar with the emergency procedures for the laboratory and I am familiar with the location of the eye wash, safety shower, emergency exit, fire extinguishers and first aid kit. |  |  |
| 12 | I agree to practice good housekeeping to minimize unsafe work conditions (like cluttered benches, accumulated chemical wastes; obstructed exits etc.). |  |  |
| 13 | I agree that IIT Indore holds no responsibility for any accident that may happen during the lab work because of my unsafe practices and irresponsibility. |  |  |

Signature of Postdoctoral Fellow

Date:

Signature of Supervisor (faculty member)

Date: