

## Signature page

I have completed the required safety trainings as outlined in this MCF manual.

I have read the MCF manual thoroughly, including appendices, and agree to observe all safe lab practices as described in this manual and in the safety trainings.

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Faculty	Staff	Researcher	Grad Student	Undergrad	Visitor
Last Name:	_____		UIN:	_____	
First Name:	_____		NetID:	_____	
Signature:	_____				
E-mail:	_____		Phone:	_____	
Department:	_____		Advisor:	_____	

How long do you need access to the MCF? \_\_\_\_\_

### Person to be notified in the event of an accident or emergency:

Name (Last name, First name): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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#### Signature Certifying Training Completion (MCF Staff)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_