



Microscopy New Client Checklist

		Date:	
First Name:		Researcher/Supervisor	
Last Name:		Dept. and Faculty:	
Student/Staff ID#:		Speedcode/PO#:	
Email:		Account #:	
Cell #:			
Position:			

Start Date:

End Date:

The following must be completed prior to working in the Microscopy lab. The Microscopy Technical Specialist is to initial once items are completed to their satisfaction. Proof of certifications required.

Required	Completed	Description
<input checked="" type="checkbox"/>		Western WHMIS
<input checked="" type="checkbox"/>		Laboratory Safety & Hazardous Waste Management
<input checked="" type="checkbox"/>		Biosafety
<input checked="" type="checkbox"/>		Worker Health & Safety Awareness Training
<input checked="" type="checkbox"/>		Signed Confidentiality Agreement
<input checked="" type="checkbox"/>		Lab Tour & Safety Equipment Locations
<input checked="" type="checkbox"/>		Review of General Standard Operating Procedures (SOP)
		Laser Safety Awareness (Confocal Users Only)
		TEM Kit Guide Review (TEM Kit Users Only)
		Lab Access – After Hours
		Biohazard Agents Form

Briefly describe the project and your goals: (Please include details on sample characteristics, fluorescent dyes and whether image analysis is required.)

If external to Western, please provide the following information:

Company:		Address:	
City & Prov:		PC:	

Approved by:

Signature of Supervisor