

DEPARTMENT OF MEDICINAL CHEMISTRY, MCV/VCU  
LABORATORY SAFETY ACKNOWLEDGMENT FORM

As a laboratory worker, in the Department of Medicinal Chemistry, it is your responsibility to become familiar with all of the chemical substances that you are using in your work, the proper precautions required to handle them safely, and first aid procedures unique to those substances should an accident occur. This should be done **prior** to working with them. Any questions about the proper safety precautions involved with your specific chemicals should be directed to your supervisor.

1. Laboratory workers should thoroughly familiarize themselves with the hazards of any particular reaction **prior** to starting the reaction. When using a reagent for the first time, the laboratory worker is required to read about the reagent in standard reference works, such as "Reagents for Organic Synthesis" by Feiser and Feiser.
2. Laboratory workers not familiar with a chemical to be used in their laboratory work should review the appropriate **Material Safety Data Sheet [MSDS] BEFORE** using the chemical. MSDS's are available in the Departmental library and in the Office of Environmental Health and Safety, Room B2-001, Sanger Hall.
3. The laboratory worker's eyes should be protected by safety glasses during **ALL LABORATORY OPERATIONS**.
4. When performing laboratory work on weekends or after normal work hours, a laboratory worker should have another person nearby who can assist in case of accidents.
5. Laboratory workers are encouraged to take the laboratory safety course offered by the University.

**If, after familiarizing yourself with any potential problems of handling or toxicity of a chemical, there are any questions, you are to discuss the matter with your supervisor.**

Your understanding of the above is signified by signing and returning this document to your supervisor.

Laboratory Worker's Name \_\_\_\_\_

Laboratory Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

COPY TO: Department secretary for students file, Pharmaceutical Sciences Graduate Program office.