

# MONTANA Environmental Health and Safety Check In

TECHNOLOGICAL UNIVERSITY

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Local Address & Phone \_\_\_\_\_

Degree Program: \_\_\_\_\_

(All Graduate students must meet with the EHS director and complete this form before research can begin)

### Research plan

Please detail your Graduate Research plan and possible lab safety issues

Detail any potentially harmful or hazardous waste you may use or create

Detail possible clean up procedures.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EH&S Director \_\_\_\_\_ Date: \_\_\_\_\_

Coded By: \_\_\_\_\_  
Term Coded: \_\_\_\_\_