Lab Photography: Safety Checklist

Lab: _____________________________________________________________

Location: ___________________________

Name / Title: ______________________________________________________

Included in this lab space are the following (check all that apply):

☐ Chemicals
☐ Biologicals
☐ Radiation
☐ InVivo
☐ Lasers
☐ Other ___________________

Protective gear or safety requirements include (check all that apply):

☐ Lab coat [Color Required: ____________ Buttoned? ☐ Yes ☐ No]
☐ Apron
☐ Gloves [if yes, what color: ____________]
☐ Safety glasses
☐ Safety goggles
☐ Hair secured
☐ Other ___________________

Are all participants wearing long pantware and closed-toed shoes:

☐ Yes ☐ No

Additional Comments ___________________________________________________________

Print Name ____________________________________ Department ___________________

Phone _______________________ Email _________________________________________

Signature _________________________________ Date ________________

For more information about lab safety, contact Shane Solis with the Office of Research Compliance
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