

# Clinical Laboratory Technician Safety Policy Form

## Employee Information

Full Name

Employee ID

Department

Date

Email

## Safety Policy Acknowledgement

I acknowledge that I have received, read, and understood the Clinical Laboratory Safety Policies and Procedures:

☐ Yes

## Personal Protective Equipment (PPE)

Required PPE (check all that apply):

☐ Gloves ☐ Lab Coat ☐ Goggles ☐ Face Shield ☐ Mask ☐ Other

## Reporting Procedures

Please describe the procedure you will follow in case of an accident, spill, or exposure:

## Additional Comments

Employee Signature

Date

Supervisor Signature

Date