THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

By signing below, I indicate that I have received proper training in how to safely handle the autoclave and I read and understand the autoclave safety information. I will adhere to the policy, hazards, requirements, safe work practices, and accident reporting outlined in the guidelines.

Building Name		**Room Number**	
Autoclave Name		**Autoclave Model**	

Training Date	Trainee	Trained by	Principal Investigator