
RULES AND REGULATION
INSTITUTE OF MARINE BIOTECHNOLOGY LABORATORY

Please note that the institution addresses the issues of Laboratory safety very seriously. Students will not be allowed to conduct any experiments if the rules and regulations are not obeyed at any given time.

All lab users are obliged to the following rules mentioned below; failing to do so would cause the revocation of your memberships.

- i. All students, prior to commencing work must be a registered lab user.
- ii. Do not eat, drink or smoke in the laboratory.
- iii. Report all accidents, breakages (major or minor) to the Lab Officer as soon as possible.
- iv. Label all items clearly, including name, date and contents.
- v. All lab users **MUST** familiarize themselves with the emergency procedures in the laboratory. If in doubt ask the Lab Officers for guidance.
- vi. All lab users, prior to commencing work, must be properly attired, and lab coats and covered shoes **MUST** be worn at all times when working in the laboratory.
- vii. All lab users are required to have a log book for the management of (lending/borrowing/utilizing) equipment/s and other services.
- viii. The institution will **NOT** be responsible for any damages/losses of the stored samples within the laboratory.
- ix. Lab users shall not be accompanied by non-registered members at any given time.
- x. Lab users are required to acknowledge the Institution of where the actual experiment was carried out in all form of publications (please refer to the lab officers for further details).

These rules will be enforced on a DAILY basis by Lab Officers and staff. Non-conformance WILL result in penalties to the student and, if necessary, more serious disciplinary procedures.

BY SIGNING THIS ACCEPTANCE, THE STUDENT ACKNOWLEDGES THAT THEY HAVE READ, UNDERSTOOD AND ACCEPTED THE RULES AND REQUIREMENTS OF THE SAFETY GUIDELINES PRACTICED BY THIS INSTITUTION.

I HAVE READ, UNDERSTAND AND AGREE TO BE BOUND BY ALL THE RULES AND REGULATION MENTION ABOVE AND I WILL BE RESPONSIBLE FOR ALL THE ACCIDENT CAUSED BY MY OWN CARELESSNESS.

Signature of applications:

Guarantor by Supervisor/Lecturer:

Name :
IC/Passport No :
Date :

Name/Stamp :
Date :

Approved by:

Witnessed by:

IMB Science Officer
Name/Stamps:
Date:

IMB Lab Coordinator:
Name/Stamps:
Date: