Authorization of Safety Training

Date: ______________

I, the undersigned, trained the student ______________ I. D. No. ________________ in safety in the following topics and I tested his understanding of the material:

- Terms and Principles of Safety
- Safety in the Use of Radioisotopes
- Ionic Radiation Safety
- Compressed Gas Cylinders and Cryogenic Liquids
- Bio-hazard - Hazardous Biological Materials
- Fire Safety
- Occupational Ergonomics
- Electrical Safety
- First Aid
- Safety in Molecular Work
- Chemo-hazard - Hazardous Chemical Substances

Faculty: ____________________ Dept.: __________________

Researcher: __________________ Signature: __________________

Copy:
Prof. Itzhak Choshniak, Chairman of the Safety Committee of the Faculty of Life Sciences
Ms. Yael Gov, (For students of the School of Medicine only)
Students Portfolio