

**Department of Civil and Environmental Engineering  
University of Waterloo**

**Researcher's Declaration and Supervisor's Acknowledgement**

*Please complete this form and give it to you supervisor to sign, and then return it to the CEE Department Secretary in E2-2336.*

**A) Researcher's Declaration**

- I have signed the Record of Training Form.
- I have read and understood all the required online Health and Safety modules, as indicated by the "Record of Training" on the following page.
- I have read and understood all pertinent sections of the University of Waterloo On-line Safety manual.
- My supervisor and I have gone over safety concerns which are specific to my experimental work.
- I will discuss any new experimental work (including procedures, equipment, chemicals and materials) with my supervisor so that necessary safety issues can be addressed.
- I will bring any safety related concerns or issues to the attention of my supervisor as I become aware of them.
- If working with microorganisms, I have read the UW Biosafety Manual and signed the biosafety-specific record of training form.

I understand that as long as I am a visiting researcher, Postdoctoral Fellow, a registered graduate student, an employee, or an undergraduate student researcher in the Department of Civil and Environment Engineering, I am responsible for obeying the safety rules, the requirements of University of Waterloo Policy #34 and the Ontario Occupational Health and Safety Act and any later amendments or regulations thereof. I understand that I must continually endeavour to be self-informed about the health and safety aspects of my research, to exercise good judgment, and to use safe working practices to prevent accidents that may cause injury to myself or others.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (print) \_\_\_\_\_  
USERID: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Email address: \_\_\_\_\_

**B) Supervisor's Acknowledgement**

I have discussed the project-related health and safety background information with the above named individual.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (print) \_\_\_\_\_