



CHEMISTRY STUDENTS RESEARCH SOCIETY
FACULTY OF CHEMISTRY
THE SILESIAN UNIVERSITY OF TECHNOLOGY
UL. KS. M. STRZODY 8
44-100 GLIWICE



Gliwice,

Research Work Participant's Card¹ as part of the activities of the ChSRS

Name and surname:.....

Topic of research work:.....

Field of study:.....

Sem./Year:.....

Supervisor of research work:

Co-supervisor²:.....

Department/Unit:

Training date of EHS:.....

I declare that I have familiarized myself with the health, safety and fire regulations applicable in the laboratories of the Silesian University of Technology in Gliwice and I undertake to comply with them.

RESEARCH PARTICIPANT WORK

SUPERVISOR OF RESEARCH

SUPERVISOR OF THE
RESEARCH SECTION OF CHSRS

¹ Complete the card in 3 copies: for the Participant, Supervisor of Research Work and the Supervisor of the ChSRS

² If applicable

2. *What hazardous substances will be used?*

Substance name	Hazard classification*								The nature of the health hazard and the route of introduction into the body	Applied protection measures
	1	2	3	4	5	6	7	8		

** 1. Very toxic 2. Toxic 3. Harmful 4. Corrosive 5. Irritant 6. Respiratory sensitization 7. Carcinogen, Mutagen or Teratogenic
8. Microorganisms/Biological compounds*