

### Department Environment and Biodiversity

Laboratory Unit:	Molecular Plant Physiology
Rooms:	D-E.003, D-E.005, D-E.023, C-E.017, C-E.018
Responsible:	Daniel Remias
Co-Responsible:	Raimund Tenhaken
Consultation prior to work:	Daniel Remias or Raimund Tenhaken
Latest update:	April 2024

### Local Safety Rules for Molecular Plant Physiology

- The use of the lab is only allowed after approval by the responsible person.
- Be familiar with the use of hazardous chemicals.
- All laboratory activities may only be carried out with appropriate protective clothing (i.e. lab coat, goggles, gloves).
- Eating, drinking, smoking and application of cosmetics is forbidden.
- Accidents and near-accidents have to be reported immediately to the laboratory manager.
- The Fire Protection Ordinance applies. Fire protection equipment must not be put out of operation.
- The room must remain unlocked while work is in progress. Please close it when work is done.
- Chemicals must be stored in the chemical cabinet. The chemical cabinet must be locked before leaving the laboratory.
- Alone work is permitted provided training has taken place and relevant documents are filed correctly.
- No persons are allowed to perform chemical procedures before 7:30 and after 18:30 weekdays or during periods of holidays and weekends when laboratory technicians are absent.
- The fume hood has to stay turned on when organic extraction, distillation or any kind of organic solvent handling takes place
- Turn on ventilation of the sterile work bench ("Lamiflow") at least 10 minutes before starting the work.
- The gas port (yellow label) must not be used at all.
- The HPLC systems should only be used after appropriate instruction. Please ensure that the solvents are disposed of correctly.
- The door to the chemical storage rooms (room DE.009 and room EK.007) must be locked after use.

**Emergency**



Building manager: ext 6821

Fire: 0 – 122

Ambulance: 0 – 144

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User:

I confirm that I have read and understood the above Local Safety Rules

Date \_\_\_\_\_

Signature \_\_\_\_\_

Laboratory Responsible:

I confirm that above named person was trained on the basis of the Local Safety Rules.

Date \_\_\_\_\_

Signature \_\_\_\_\_