**Familiarization with the operating rules of laboratory**

I confirm that I have been familiar with the operating rules of the laboratory in which I participate in courses (check a box) and I have been instructed about work safety in the laboratory.

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|  | **Name and Surname** | **Personal no.** | **Date** | **Signature** | **UC 311** | **UC 326** | **UC 327** | **UC 328** | **UC 329** | **UC 332** | **UC 333** | **UC 334** | **UC 336** |
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