

Laboratory Specific Training Record New Trainees

Name:

Position Title:

Start Date:

Department:

Supervisor Name:

General Safety – Complete for all trainees*	Complete all highlighted sections for all trainees	
	Examples	Received
Sharps disposal	Safe clean-up of sharps, broken glass bin, disposal procedure	
Work Order Procedure	Report physical deficiencies, https://dlweb.megamation.com/lakehead/	
First Aid kit location	Where to access first aid kit and designated first aider	
Telephone System	Emergency key on phone, lab emergency contact list	
Emergency exits and procedures	Closest emergency exits, pull stations, fire extinguishers, area fire warden	
Working alone policy and procedures	Which experiments are too hazardous for after-hours work and when alone, Keep In Touch program with Security	
Location and use of emergency facilities	Closest safety shower, emergency eyewash station	
Hazardous waste disposal procedures	Storage and segregation of waste, inventories and reporting requirements, special waste handling (e.g. biohazardous waste)	
Personal Protective Equipment	Requirements for selection, use, care and how to safely remove	
Lab Safety Policy/Procedures	Lab safety manual	
Hazard Reporting Procedures	How to contact security/physical plant & your supervisor	
Security	Procedures for visitors, and keeping the lab secured	
*Trainee must complete WHMIS annually after July 1st of each year		
Chemical Safety	Trainee will be working with chemicals: Yes No (Proceed to section Laser Safety)	
Safe chemical handling procedures	Correct use of a chemical fume hood, flammable liquids, toxic chemicals	
Chemical spill kit	Location of kit and procedure for clean-up of spills	
MSDS	Location of MSDS	
Specific Hazards (List)	e.g. hydrofluoric acid/machine guarding	
Inventory	Requirements for inventory maintenance	
Laser Safety	Trainee will be working with Lasers: Yes No (Proceed to section Biological Safety)	
PPE	Is aware of and has access to PPE with correct OD for Laser	
SOP	Is familiar with SOP for safe operation of laser	
Laser Safety Training	Has completed all four laser safety modules (retain certificate)	

Biological Safety	Trainee will be working with biohazards: Yes No (Proceed to section Radiation Hazards)	Received
Biological agents	Risk groups, method of transmission, blood borne pathogens	
Universal precautions	PPE use, good hygiene/housekeeping, good microbial practices	
Biosafety cabinet	Correct use of a biosafety cabinet	
Aerosols	How to avoid aerosol generation	
Autoclave	Safe operation	
Needlestick/sharp injuries	Safe use of needles/sharps	
Shipping and Receiving	How to correctly receive a package	
Transporting biological materials	Procedures for on-campus transport	
	On public roadways (requires TDG certificate, contact H&S)	
Biological Spills	Location of spill kit, how to safety clean up spills, when to report to Supervisor/Security	
Exposure Procedures	Post exposure procedures, Contact Supervisor and BSO	
Radiation Hazards	Trainee will be working with radiological hazards, including X-rays: No - Proceed to section Respiratory Hazards Yes - Contact H&S to arrange for basic radiation safety training and complete Radiation Safety Training Form with Trainee	
Respiratory Hazards	Trainee will be exposed to respiratory hazards No - Proceed to section Other Hazards/Risks Yes - Contact H&S to arrange for respiratory fit testing	
Other Hazards/Risks	List any other hazards/training provided specific to your lab or experimental procedures or check: Risks are covered in the previous sections	

As Supervisor, I attest that _____ has both received training in all of the areas of health and safety checked above and demonstrated proficiency in the standard operating procedures required for this laboratory sufficient to enable him/her to conduct themselves safely in my laboratory without direct supervision.

Supervisor Signature:

Date:

I attest that adequate training has been provided to me in order to conduct my laboratory duties safely and that I will follow all laboratory rules as they relate to Health and Safety. I acknowledge that some medical conditions that affect the immune system may put me at increased risk of contracting an infectious disease. Should I be at increased risk, I will discuss my laboratory duties with my primary health care provider annually and should any accommodations be required to reduce my risk, I will share those with my Supervisor as soon as I am aware of them.

Employee Signature:

Date:

Supervisors keep a copy for your records. Trainee, upload a copy into D2L Assignments (Checklist).