

PERSONAL SAFETY TRAINING RECORD

Note: Complete record and place in Lab Safety Binder

Name:

Date started in lab:

Date left lab:

Emergency contact information:

Name (s):

Phone number(s):

Date of Lab Safety Orientation:

Orientation provided by:

Check off as completed:

Fire extinguisher location/instruction

Shower/eyewash location/instruction

Emergency response guide location/instruction

Emergency evacuation guide location/instruction

Chemical spill kit location/instruction

Chemical labeling instruction

Hazardous waste disposal instruction

Glass/sharps disposal instruction

Flammables/corrosives location/instruction

Handling compressed gas cylinders

Location of personal safety equipment (goggles, gloves, lab coats)

Bicycle policy: location/instruction

General policies: no open-toed shoes, no long-term extension cords, no food or drink, keep aisles clear, no items stacked within 18 inches of sprinklers

MSDS/chemical list location/instruction

Lab safety handbook location/instruction

Phone list and emergency contacts: location and instruction

EHS website/safety training instruction sign-up

Dates of Fire Safety and Prevention Training (required yearly):

Dates of Lab Safety Training:

Dates of Hazardous Waste Training:

NOTE: TRAINING MUST BE DONE AS SOON AS POSSIBLE, AND ABSOLUTELY WITHIN TWO MONTHS OF STARTING WORK IN THE LAB

I have completed my Orientation and have been informed of the above safety considerations.

Signature of Employee

Printed Name

Date

Signature of Lab Safety Officer

Printed Name

Date