

SAFETY ORIENTATION RECORD: PART A

PROCEDURE: This form must be completed by all individuals working in laboratories (i.e., employees, students, visiting scientists, volunteers engaged in research, and teaching assistants). Orientation activities may be delegated to a qualified individual, however, the supervisor is ultimately responsible for training and must ensure that this form is completed, signed, and that it, along with the certificates for the online EHS training modules are submitted electronically to departmental administrative assistant **after the first day of work**. This record is to be stored in the lab's "Safety Binder", which must be housed in a visible location in the lab.

Access to the lab Name:	will not be permitted in advance	of this safety Email Ac		ion.
ID:		Supervisor		
Position:		-	rt Date:	
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SAFETY TRAINING:				
Lab Personnel: I have completed the safety training courses required by CBS/EHS:				
☐ WHMIS ☐ EHS Biosafety		☐ Laboratory Safety ☐ EHS Worker Health and Safety Awareness		
WORKSPACE ORIENTATION AND SAFETY EXPECTATIONS:				
Lab Personnel:				
Supervisor (or designate): I have ensured that emergency response procedures are posted in the lab I have shown the individual the location of: Emergency exits and alarm pull stations Phones and emergency call boxes Emergency equipment (first aid kit, spill kit, eyewash, safety shower, fire extinguisher, other as needed) I have advised the individual of actual and potential hazards in the work area and the appropriate precautions (may include: chemical, biological, radiation, electrical, noise, machine, temperature extremes). I have discussed lab-specific standard operating procedures and have ensured that written procedures are available in a well marked location in the laboratory. I have explained the process for separating and disposing of hazardous wastes I have explained the requirements of proper attire and personal protective equipment. I have explained safety precautions for work after hours (hazard assessment, buddy system, access control, SafeWalk, notification of Campus Police) I have ensured that contact information for Emergency Dispatch is posted in the lab I have provided access to contact information for other health and safety resources				
Lab Personnel Signature:			Date:	
Trainer Signature:			Date:	
Faculty Signature:			Date:	

^{**} append any additional forms, including EHS safety training certificates