

Namo.

ONGOING SAFETY TRAINING RECORD: PART B

PROCEDURE: This form must be completed for all individuals working in laboratories (i.e., employees, students, visiting scientists, volunteers engaged in research, and teaching assistants). The safety training record is to be updated on an ongoing basis as new training is provided. Training activities may be delegated to a qualified individual, however, the supervisor ultimately is responsible and must ensure that this record is updated. **This training record may only apply to a specific location and additional training may be required for new labs and equipment.** The form must be filed in a binder marked "Safety" and housed in a visible location in the lab.

Fmail Address

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ID:		Supervisor Name:	
Position:		Start Date:	
SAFETY TRAINING:			
Supervisor (or designate): I have specified the required training as indicated by checking the appropriate boxes below: Supervisor Initials/Date Lab Personnel Initials/Date Complete			
☐ First Aid / CPR ☐ Radiation Safety	ty alth & Safety Awareness		
	TD AINING:		
EQUIPMENT TRAINING:			
Lab Personnel: I have completed training on the equipment specified by my supervisor, as indicated below:			
Both the supervisor and lab personnel are to initial and date upon completion of training on each piece of equipment.			
Other	ood		rsonnel Initials/Date Completed
	i i (as applicable).		
precat • I have	ware of the hazards associated with the utionary measures in place to protect reviewed the field work safety plan and Date:	ny safety	rming and understand the
 I have 	signate): completed a relevant field work safety ensured that the individual has provid s and Date:	ed the department with er	