College of Biological Science
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. The form must be filed in a binder marked "Safety" and housed in a visible location in the lab.*

Personnel Name:	
ID Number:	
Email Address:	
Supervisor Name:	
Position and 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**
☐ WHMIS	_____	_____
☐ Biosafety	_____	_____
☐ Laboratory Safety	_____	_____
☐ First Aid / CPR	_____	_____
☐ Radiation Safety	_____	_____
☐ Transportation of Dangerous Goods	_____	_____
☐ Animal Care	_____	_____
☐ Other _____	_____	_____

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.

Equipment	**Supervisor Initials/Date**	**Lab Personnel Initials/Date Completed**
☐ Autoclave	_____	_____
☐ Centrifuge	_____	_____
☐ Compressed Gas	_____	_____
☐ Electrophoresis	_____	_____
☐ French Press	_____	_____
☐ Laminar Flow Hood	_____	_____
☐ Liquid Nitrogen	_____	_____
☐ Microscopes	_____	_____
☐ Microtome	_____	_____
☐ Shaker	_____	_____
☐ Other _____	_____	_____
☐ Other _____	_____	_____

FIELD SAFETY (as applicable):

Lab Personnel:
- I am aware of the hazards associated with the field work I will be performing and understand the precautionary measures in place to protect my safety
- I have reviewed the field work safety plan

   Initials and Date: _____

Supervisor (or designate):
- I have completed a relevant field work safety plan and have reviewed it with the individual
- I have ensured that the individual has provided the department with emergency contact information

   Initials and Date: _____