



**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.

<b>Name:</b>		<b>Email Address:</b>	
<b>ID:</b>		<b>Supervisor Name:</b>	
<b>Position:</b>		<b>Start Date:</b>	

**SAFETY TRAINING:**

**Supervisor (or designate):** I have specified the required training as indicated by checking the appropriate boxes below:

	<b>Supervisor Initials/Date</b>	<b>Lab Personnel Initials/Date Complete</b>
<input type="checkbox"/> WHMIS	_____	_____
<input type="checkbox"/> EHS Biosafety	_____	_____
<input type="checkbox"/> Laboratory Safety	_____	_____
<input type="checkbox"/> EHS Worker Health & Safety Awareness	_____	_____
<input type="checkbox"/> First Aid / CPR	_____	_____
<input type="checkbox"/> Radiation Safety	_____	_____
<input type="checkbox"/> Transportation of Dangerous Goods	_____	_____
<input type="checkbox"/> Animal Care	_____	_____
<input type="checkbox"/> 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.

<b>Equipment</b>	<b>Supervisor Initials/Date</b>	<b>Lab Personnel Initials/Date Completed</b>
<input type="checkbox"/> Autoclave	_____	_____
<input type="checkbox"/> Centrifuge	_____	_____
<input type="checkbox"/> Compressed Gas	_____	_____
<input type="checkbox"/> Electrophoresis	_____	_____
<input type="checkbox"/> French Press	_____	_____
<input type="checkbox"/> Laminar Flow Hood	_____	_____
<input type="checkbox"/> Liquid Nitrogen	_____	_____
<input type="checkbox"/> Microscopes	_____	_____
<input type="checkbox"/> Microtome	_____	_____
<input type="checkbox"/> Shaker	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> 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:** \_\_\_\_\_