

Job Specific Training Checklist for Laboratory Trainees

Employee Name: _____
Last First

Department: _____ Start Date: _____

Supervisor Name: _____
Last First

General Safety	This section is to be completed for all trainees	
	Examples	Received
Sharps disposal	Safe clean-up of sharps, broken glass bin, disposal procedure	<input type="checkbox"/>
Work Order Procedure	Reporting physical deficiencies to work.orders@lakeheadu.ca	<input type="checkbox"/>
First Aid kit location	Where to access first aid kit and designated first aider	<input type="checkbox"/>
Telephone System	Emergency key on phone, lab emergency contact list	<input type="checkbox"/>
Emergency exits and procedures	Closest emergency exits, pull stations, fire extinguishers, area fire warden	<input type="checkbox"/>
Working alone policy and procedures	Which experiments are too hazardous for after-hours work and when alone, Keep In Touch program with Security	<input type="checkbox"/>
Location and use of emergency facilities	Closest safety shower, emergency eyewash station	<input type="checkbox"/>
Hazardous waste disposal procedures	Storage and segregation of waste, inventories and reporting requirements	<input type="checkbox"/>
Personal Protective Equipment	Requirements for selection, use, care and how to safely remove	<input type="checkbox"/>
Lab Safety Policy/Procedures	Lab safety manual	<input type="checkbox"/>
Hazard Reporting Procedures	How to contact security/physical plant & your supervisor	<input type="checkbox"/>
Security	Procedures for visitors, and keeping the lab secured	<input type="checkbox"/>
*Trainee must complete WHMIS annually, contact H&S		
Chemical Safety	Trainee will be working with chemicals: <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to section Biological Safety)	
Safe chemical handling procedures	Correct use of a chemical fume hood, flammable liquids, toxic chemicals	<input type="checkbox"/>
Chemical spill kit	Location of kit and procedure for clean-up of spills	<input type="checkbox"/>
MSDS	Location of MSDS	<input type="checkbox"/>
Specific Hazards (List)	e.g. hydrofluoric acid/machine guarding	<input type="checkbox"/>
Inventory	Requirements for inventory maintenance	<input type="checkbox"/>

Biological Safety	Trainee will be working with biohazards: <input type="checkbox"/> Yes <input type="checkbox"/> No (Proceed to section Radiation Safety)	
Biological agents	Risk groups, method of transmission, blood borne pathogens	<input type="checkbox"/>
Universal precautions	Use of PPE, good hygiene/housekeeping practices, good microbial practices	<input type="checkbox"/>
Biosafety cabinet	Correct use of a biosafety cabinet	<input type="checkbox"/>
Aerosols	How to avoid aerosol generation	<input type="checkbox"/>
Autoclave	Safe operation	<input type="checkbox"/>
Needle sticks/sharps injuries	Safe use of needles/sharps	<input type="checkbox"/>
Shipping and Receiving	How to correctly receive a package	<input type="checkbox"/>
Transporting biological materials	Procedures for on-campus transport	<input type="checkbox"/>
	On public roadways (requires TDG certificate, arranged through H&S)	<input type="checkbox"/>
Biological Spills	Location of spill kit, how to safety clean up spills, when to report to Supervisor/Security	<input type="checkbox"/>
Biological waste	Separation and disposal procedures	<input type="checkbox"/>
Radiation Safety	Trainee will be working with radiological hazards: <input type="checkbox"/> No - Proceed to section Other Hazards/Risks <input type="checkbox"/> Yes - Contact H&S to arrange for basic radiation safety training and complete Radiation Safety Training Form with Trainee	
Other Hazards/Risks	List any other hazards/training provided specific to your lab or experimental procedures or check: <input type="checkbox"/> Risks are covered in the previous sections	

As Supervisor, I attest that _____ has both received training in all of the areas of health and safety checked above and demonstrated proficiency in the standard operating procedures required for this laboratory sufficient to enable him/her to conduct themselves safely in my laboratory without direct supervision.

Supervisor Signature: _____ **Date:** _____

I attest that adequate training has been provided to me in order to conduct my laboratory duties safely and that I will follow all laboratory rules as they relate to Health and Safety. I acknowledge that some medical conditions that affect the immune system may put me at increased risk of contracting an infectious disease. Should I be at increased risk, I will discuss my laboratory duties with my primary health care provider annually and should any accommodations be required to reduce my risk, I will share those with my Supervisor as soon as I am aware of them.

Employee Signature: _____ **Date:** _____

Supervisors keep a copy for your records, and send original completed form to Human Resources, Attn: Laboratory and Biosafety Specialist