

## Job Specific Training Checklist for Laboratory Trainees

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

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**