Laboratory Safety Training Documentation Form

Employee/Student Name: ___________________________ Employee/student id #: ________

Job Title or student status:
(e.g. volunteer, 494, grant funded research)______________________________

Training - General Lab Safety

___ Basic laboratory rules and Standard Operating Procedures
___ Content and requirements of the Laboratory Safety Standard
___ Content, location and availability of the Chemical Hygiene Plan (CHP)
___ Use and location of Safety Data Sheets
___ The exposure limits for chemicals used in the employee’s laboratory
___ Signs and symptoms of exposure to the hazardous materials used in the laboratory
___ Availability and use of Personal Protective Equipment (PPE)
___ Emergency response procedures

Training provided by: ___________________________ Date of training: _____________

Training - Laboratory Specific Hazards

The Principal Investigator or laboratory manager must assess hazards in their laboratory, devise reasonable hazard mitigation measures, and convey this information to entities under their supervision.

I have assessed hazards in my laboratory, and provided hazard mitigation and appropriate safety training for the laboratory under my supervision.

Signature: ___________________________ Name: ___________________________ Date: ________

Employee/Student:
I hereby acknowledge that I have received training on the subjects indicated above.

Signature: ___________________________ Date: _____________