

Shop Specific Safety Training Form



Channel Islands
CALIFORNIA STATE UNIVERSITY

Student Name: _____ Student ID: _____

Student Status: _____ Academic year: _____
(student employee, 494 researcher, grant funded, volunteer, non-494 enrolled student)

Supervising PI (Faculty)/ Staff: _____

Location(s): _____

Shop Specific Safety Training Checklist (Review with Supervising PI/ Staff):

- | | | |
|---|--|--|
| <input type="checkbox"/> Rules and operating procedures of the Shop | <input type="checkbox"/> <u>Administrative Controls:</u> Content, location, and availability of the Chemical Hygiene Plan, SDSs, SOPs | <input type="checkbox"/> <u>Risk & Safety Solutions:</u> Hazard Assessments, Chemical Inventory |
| <input type="checkbox"/> <u>Personal Protective Equipment:</u> Location and use of PPE | <input type="checkbox"/> <u>Engineering Controls:</u> Locations and use of fume hoods and/or snorkels | <input type="checkbox"/> <u>Electrical Safety:</u> Lockout/Tagout, proper handling, hazards (if applicable) |
| <input type="checkbox"/> <u>Hand and Power Tool Safety:</u> Machine guarding, proper use, hazards (if applicable) | <input type="checkbox"/> <u>Waste (Hazardous/ Universal):</u> Handling, labeling, storage, accumulation area | <input type="checkbox"/> Signs and symptoms of exposure to hazardous materials in the laboratory |
| <input type="checkbox"/> <u>Safety Equipment:</u> Locations and use of eyewash/ safety shower stations, fire extinguishers, 1 st aid kits | <input type="checkbox"/> <u>Emergency Procedures:</u> Phones, emergency contacts, spill procedures, evacuation routes | |

Training Provided By: _____ Date: _____

Specific Shop Hazards

The Supervising Faculty or Staff must assess hazards present in the shop, devise reasonable hazard mitigation measures, and convey this information to all shop personnel.

I have assessed hazards in my shop using RSS Hazard Assessments and provided hazard mitigation and appropriate safety training for the shop under my supervision.

Supervising PI/ Staff Signature: _____ Date: _____

I hereby acknowledge that I have received training on the subjects indicated above.

Student Signature: _____ Date: _____