

Lab Worker Name _____ Global ID _____

Department/Group _____ Building and room # _____

Supervisor _____

Lab specific safety training

Lab supervisors/principal investigators – If you are filling out this form for yourself, please review the items in this table and make sure you are knowledgeable for each topic. If you are filling out this form with your lab workers, please review the following topics with new workers before they begin any laboratory work. Orient the new worker to the lab space by covering each topic as it applies to the specific lab space. Mark N/A if the topic is not applicable.

Topic	Date Covered
Review of Safety Data Sheets (SDS) for chemicals used	
Review of CMU Chemical Hygiene Plan	
Required Personal Protective Equipment (PPE) and proper attire for the lab	
Lab Procedures <ul style="list-style-type: none"> • Proper use of chemical fume hood • Chemical inventory and storage procedures • Chemical waste procedures • Conditions requiring supervisor approval (example: changes in a procedure that create a new hazard or increase the hazard) • Designated chemical use areas • Overview of hazards in the lab and control measures 	
Review of Standard Operating Procedures (SOP's) required by the CMU Chemical Hygiene Plan (example: SOP required for carcinogens, reproductive toxins, pyrophorics, nanoparticles, etc. See Section VII of the CMU Chemical Hygiene Plan for details)	
Emergency Preparedness <ul style="list-style-type: none"> • Location of telephone, fire extinguishers, eyewash units, safety showers, first aid kits, chemical spill kits 	
Emergency Notification <ul style="list-style-type: none"> • Explanation of 911 – Campus Police • In non-emergency situations, if the injured person is unable to transport self, call CMU Police at 911 or 774-3081 for on-site assistance. Transportation of injured persons is to be done by qualified personnel only and not CMU Faculty or Staff. Other contact phone numbers	
Chemical Spill Response Procedures	
Additional site specific topics covered (list safety topics not listed above, but reviewed as part of the orientation) NOTE: Additional training opportunities are offered by Environmental Health & Safety www.cmich.edu/cmuehs .	

Supervisor/Principal Investigator Name: _____

Supervisor/Principal Investigator Signature: _____ Date: _____

STOP HERE if you are a supervisor or principal investigator (PI) completing this form for yourself. If you are a supervisor or PI completing this form with new lab workers, continue on and have the lab worker sign below.

By signing this form, I acknowledge that I received a tour of the laboratory, I have reviewed and completed the training requirements, and I have been given the opportunity to ask questions.

Worker Name: _____

Worker Signature: _____ Date: _____

Keep a copy of this form for each active worker in your lab or in your department office. It must be available upon request, such as for inspections. DO NOT submit form to OLFS.

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