

Research and Animal Care Personnel Training Record

Name: _____ PI: _____
 Department: _____ Start Date: _____
 It is my responsibility to contact my supervisor for training before I perform any task for which I am not trained.

[Additional information on training and occupational health program can be accessed through this link.](#)

A. Animal Care and Use Protocols I have read and understand the following Animal Care and Use Protocols and have received training for the specific tasks I will be performing under these protocols:		Initial	Trainer	Date
Protocol #	Protocol Title			
B. Occupational Health I have reviewed the policies and procedures and completed the risk assessment forms as outlined in the policy and SOP: Animal Handler Health and Safety Program Policy and Risk Assessment Standard Operating Procedure		Initial	Trainer	Date
Submitted my Occupational Health forms to OLFS			NA	
C. General Animal Use Training Courses: I have attended the following courses or received instruction in:				
1.	Working with the IACUC (which includes review of 3R's, etc.)		CITI	
2.	Reducing Pain and Distress in Laboratory Mice and Rats		CITI	
3.	Working with Mice in Research Settings		CITI	
4.	Working with Rats in Research Settings		CITI	
5.	Aseptic Surgery		CITI	
6.	Post Approval Monitoring (PAM)		CITI	
7.	Working with Amphibians		CITI	
8.	Working with Fish in Research Settings		CITI	
9.	Wildlife Research		CITI	
10.	Initial Biosafety Training		CITI	
11.	Facility Orientation (which includes reporting animal care and use concerns, security, PPE, traffic pattern)			
D. Animal Handler Training I have received training on the following:		Initial	Trainer	Date
1.	Animal handling and husbandry			
2.	Identifying pain and discomfort in the animal(s) I am working with			
3.	Animal records: including cage cards, pre, peri, and post-op monitoring			
4.	Anesthesia: to include monitoring, safe handling of anesthetic gases including scavenging procedures			
5.	Euthanasia and animal carcass disposal and handling			
6.	Animal bite, allergy and injury instructions (Must be reported to supervisor)			
7.	Potential zoonotic diseases which I may be in contact in my work area. Including:			
8.	Proper use of biosafety cabinets, fume hoods, change stations, etc. where appropriate			
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E. Safety Training I have reviewed the following safety training and precautions that are relevant to the procedures I am doing in the lab: <ul style="list-style-type: none"> i. Comply with the OLFS lab-specific safety training form and the safety training form following the instructions on the training web page. ii. Labs should add or delete items in this section to make this specific to the labs needs. iii. Documentation for training does not have to be duplicated if provided on another form 	Initial	Trainer	Date
1. Effective Use of Autoclaves			
2. Guidelines for Disposal of Sharps, Biological and Medical Waste			
3. Needle and Syringe Safety			
4. Compressed Gas Safety			
5. Health and Safety Hazards: A Students Right to Know			
6. Laboratory-specific Biosafety Manual			
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F. Documentation of Review of University Policies and Standard Operating Procedures related to Animal Care and Use	Initial	Trainer (if applicable)	Date

