

# Biosafety Training/Laboratory Personnel Training Form

Name of Laboratory Personnel

Laboratory Location: Building

Room #

Principal Investigator

Biohazardous Agent(s) or Other Potentially Infectious Material (OPIM)

Do you know the location of the Emergency Equipment listed below?

Emergency Contact Numbers

Yes  No

Nearest Telephone

Yes  No

Fire Extinguisher

Yes  No

Eyewash Station/Shower

Yes  No

Disinfectant/Spill Kit/Dust pan for broken glass

Yes  No

Applicable Material Safety Data Sheet (MSDS)

Yes  No

Have you read the Standard Operating Procedures (SOP) for the hazardous materials?

Yes  No

Have instructions been given on what to do in case of a spill or emergency?

Yes  No

Are working alone policies in place for your lab? Yes  No

Do you have experience with aseptic technique and universal precautions? Yes  No

Do you know how to properly segregate the biohazardous & other types of lab waste? Yes  No

Are there sharps protocols in place? Yes  No

Has the proper Personal Protective Equipment (PPE) been selected and available? Yes  No

Do you know procedures to minimize the generation of aerosols? Yes  No

Does the work require used of a Biological Safety Cabinet (BSC)? Yes  No

Have you been trained on the safe use the BSC and other specialized equipment? Yes  No

Does the lab generate waste requiring autoclaving? Yes  No

Have you been trained on how to autoclave/disinfect waste materials before disposal?

Yes  No

**Please sign and date this sheet and keep a copy in a folder in your laboratory. Send original to Tom Schultz.**

Date of Training

Employee Signature

Principal Investigator Signature

Biosafety Coordinator Signature