

Safety Training Form

If you have never completed training with OLFS: this form **MUST** be completed and submitted along with the electronic request for access to SAP Success Factors Learning Management System (LMS). This applies to ALL lab workers (faculty, staff, students) requiring access to online safety training.

If you last completed training with OLFS before January 1, 2018: this form **MUST** be completed and submitted along with the electronic request for access to SAP Success Factors LMS. This applies to ALL lab workers (faculty, staff, students) requiring access to online safety training.

If you have completed at least one training with OLFS since January 1, 2018: your safety training records have migrated from the training database to SAP Success Factors LMS, and you are an active user in the new training system. No electronic request for access to SAP Success Factors LMS is necessary. You will only need to submit this form if you have changed supervisors and/or laboratories.

Lab Worker Name _____

Department/Group _____

Global ID _____ 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 .	

Online training to complete on Blackboard

Lab supervisors/principal investigators – If you are filling out this form for yourself, please review the training courses in this table and mark which trainings are applicable to you. If you are filling out this form with your lab workers, please review the training courses and assess which courses workers are required to complete based on the hazards in the lab. Check the right hand box to mark required training modules. Note: Follow the link to visit the OLFS training page and access the SAP Success Factors online training

https://www.cmich.edu/office_provost/ORGS/Lab_Safety/Pages/Training.aspx

Name of Training	Requirement	Frequency	Mark required trainings
<u>Aerosol Transmissible Disease Training</u>	Required for individuals who work in a BSL3 environment. Note: This is a classroom training. The exam can be completed in Blackboard once the classroom training is completed.	Annually	<input type="checkbox"/>
<u>Biosafety Awareness Training</u>	Required for individuals who work in a BSL2 environment, but who do not work with BSL2 agents. Door signs will reflect BSL2 designation.	Every 5 years	<input type="checkbox"/>
<u>Bloodborne Pathogens Training</u>	Required for individuals with exposure to sharps, blood, and other potentially infectious material. This includes scalpels, syringes, and razors.	Annually	<input type="checkbox"/>
<u>Chemical Spill Response and Cleanup Training</u>	Required for individuals with responsibility for cleaning up incidental chemical spills.	Every 5 years	<input type="checkbox"/>
<u>Flame Resistant Glove Training</u>	Required for all individuals who wear flame resistant gloves.	Every 5 years	<input type="checkbox"/>
<u>Flame Resistant Lab Coat Training</u>	Required for Individuals who wear flame resistant lab coats.	Every 5 years	<input type="checkbox"/>
<u>Hazard Communication/Global Harmonized System</u>	Required for non-laboratory workers who work with chemicals, such as individuals in Art and Design.	Annually	<input type="checkbox"/>

<u>Lab Safety Training</u>	Required for individuals who work with hazardous chemicals in a laboratory setting.	Initial training, then "Lab Safety Refresher Training" annually	<input type="checkbox"/>
<u>Lab Safety Refresher Training</u>	Required for individuals who work with hazardous chemicals in a laboratory setting.	Annually	<input type="checkbox"/>
<u>Laser Safety Training</u>	Required for individuals who operate Class 3B or 4 lasers.	Every 2 years	<input type="checkbox"/>
<u>Liquid Nitrogen Safety Training</u>	Required for individuals who fill liquid nitrogen dewars.	Every 5 years	<input type="checkbox"/>
<u>Radiation Awareness Training</u>	Required for individuals who do not work with radioisotopes, but who work near radioisotopes, and need to be aware of the potential hazards.	Every 5 years	<input type="checkbox"/>
<u>Radiation Safety Refresher Training</u>	Required for individuals who work with radioisotopes.	Annually	<input type="checkbox"/>
<u>Radiation Safety Training- Bone Densitometer</u>	Required for individuals who operate the DXA bone densitometer.	Annually	<input type="checkbox"/>
<u>Radiation Safety Training-XRD</u>	Required for individuals who operate X-Ray Diffraction equipment.	Annually	<input type="checkbox"/>
<u>Radiation Worker Training</u>	Required for individuals who work with radioisotopes.	Initial training then "Radiation Safety Refresher Training" annually.	<input type="checkbox"/>
<u>Respirator Training- Voluntary Use</u>	Required for individuals who wear a respirator, but are not required to.	Every 5 years	<input type="checkbox"/>
<u>Respiratory Protection Training</u>	Required for individuals who are required to wear a respirator.	Annually	<input type="checkbox"/>
<u>Respiratory Protection – PAPR Training (initial training is classroom only)</u>	Required for individuals who wear a Powered Air Purifying Respirator (PAPR)	Initial classroom training then "Respiratory Protection – PAPR Refresher Training"	<input type="checkbox"/>
<u>Respiratory Protection - PAPR Refresher Training</u>	Required for individuals who wear a Powered Air Purifying Respirator (PAPR)	Annually	<input type="checkbox"/>

<u>Shop Safety Training</u>	Required for individuals who work in shops.	Every 5 years	<input type="checkbox"/>
------------------------------------	---	---------------	--------------------------

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: _____

Forward the completed form to OLFS with the electronic request for access to SAP SuccessFactors. If you are already an active user in SAP Success Factors, then forward this completed form to OLFS, Foust 104 (labfieldsafety@cmich.edu).