

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
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Nearest Telephone	Yes	No
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Fire Extinguisher	Yes	No
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Eyewash Station/Shower	Yes	No
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Disinfectant/Spill Kit/Dust pan for broken glass	Yes	No
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Applicable Material Safety Data Sheet (MSDS)	Yes	No
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Have you read the Standard Operating Procedures (SOP) for the hazardous materials?

Yes	No
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Have instructions been given on what to do in case of a spill or emergency?

Yes	No
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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