

## **Appendix I**

### **Safety Training Forms**

**APPENDIX I - LABORATORY SAFETY TRAINING RECORD**

Topic	Date Covered	Supervisor's Initials
Emergency Preparedness <ul style="list-style-type: none"> <li>• Location of telephone, fire extinguishers, eyewash units, safety showers, first aid kits, chemical spill kits</li> </ul>		
Emergency Notification <ul style="list-style-type: none"> <li>• Explanation of 911 – Campus Police</li> <li>• Other contact phone numbers</li> </ul>		
Chemical Spill Response Procedures		
Standard Operating Procedures (SOP) <ul style="list-style-type: none"> <li>• Proper use of chemical fume hood</li> <li>• Chemical storage procedures</li> <li>• Chemical waste procedures</li> <li>• Proper use and selection of personal protective equipment (PPE)</li> <li>• Prior approval circumstances</li> </ul>		
Other Items <ul style="list-style-type: none"> <li>• Location of Safety Data Sheets (SDS)</li> <li>• Location of Chemical Hygiene Plan (CHP)</li> </ul>		

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By signing this form, I acknowledge that I have been given a tour of the laboratory, I have reviewed the above items, and I have been given the opportunity to ask questions.

Worker Name: \_\_\_\_\_

Global ID #: \_\_\_\_\_

Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Forward the completed record to Office of Laboratory and Field Safety, Foust 104.**