

APPENDIX I - LABORATORY SAFETY TRAINING RECORD

Topic	Date Covered	Supervisor's Initials
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		
Standard Operating Procedures (SOP) <ul style="list-style-type: none"> • Proper use of chemical fume hood • Chemical storage procedures • Chemical waste procedures • Proper use and selection of personal protective equipment (PPE) • Prior approval circumstances 		
Other Items <ul style="list-style-type: none"> • Location of Safety Data Sheets (SDS) • Location of Chemical Hygiene Plan (CHP) 		

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.

Employee Name: _____ Employee ID #: _____

Employee Signature: _____ Date: _____

Forward the completed record to Risk Management/Environmental Health & Safety, Smith 103.