

Safety Training/Documentation

Date:	Name:
Email:	Room/Lab:
Position:	Supervisor:

My supervisor/employer has directed me...	<u>Done?</u>	Date
1. to where the first aid kits, spill kits and protective equipment are located?		
2. to where the deluge showers and eyewash stations are located?		
3. how to obtain help for a serious injury?		
4. how to fill out an injury/incident report?		
5. how to dispose of chemical/sharp waste (form required)?		
6. the nearest fire alarm and extinguisher?		
7. the nearest escape route in case of fire?		
Training or Module from https://www.uoguelph.ca/ehs/courses/index.cfm		
• WHMIS (mandatory for all)		
• EHS Worker Health and Safety Awareness (mandatory for all)		
• EHS Supervisor health and Safety Awareness and Due diligence (Need? Y N)		
• Laboratory Safety (Need? Y N)		
• EHS BioSafety (investigative staff/lab worker) (Need? Y N)		
• EHS BioSafety (Principal Investigator/Supervisor) (Need? Y N)		
• Laser Safety Training (Need? Y N)		
• X-ray Safety Training (Need? Y N)		
• Radiation Safety Training (Need? Y N)		
• Animal Handling/Modules (Need? Y N) (Animal: _____) https://ca.apm.activecommunities.com/uofgconnect/Home?online_site_id=5		
In Department Training (Please email Julie at jungmi@uoguelph.ca for training)		
• Vehicle (Need? Y N)		
• Autoclave (Need? Y N)		
• Feed Mixer (Need? Y N)		
• Liquid Nitrogen and gas tanks (Need? Y N)		
• Grinder (Need? Y N)		
• Using hot Room (Radio-isotope room) (Need? Y N)		

The preceding topics have been discussed and fully explained to:

Employee Signature:

Date:

By, Supervisor Signature:

Date:

For office use only:
