

### Safety Training/Documentation

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

My supervisor/employer has directed me...	<u>Yes</u>	<u>No</u>
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, fire blanket and extinguisher?		
7. the nearest escape route in case of fire?		
<b>Training or Module from <a href="https://www.uoguelph.ca/ehs/courses/index.cfm">https://www.uoguelph.ca/ehs/courses/index.cfm</a></b>		
• 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: _____ ) <a href="https://ca.apm.activecommunities.com/uofgconnect/Home?online_site_id=5">https://ca.apm.activecommunities.com/uofgconnect/Home?online_site_id=5</a>		
<b>In Department Training</b> (Please email Julie at <a href="mailto:jungmi@uoguelph.ca">jungmi@uoguelph.ca</a> 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:**

<b>For office use only:</b>
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