

Work Area Orientation Checklist for Laboratories

INSTRUCTIONS FOR COMPLETING FORM

This form is to be used as a template only and does not necessarily imply that you as the Principle Investigator should have all areas completed. This form does however allow you to check off all of those areas that do apply to your operation and provides documentation that the required training has been performed. It is your responsibility to make sure all training modules are covered adequately and that each person in your lab understands what is required of them. If you have any questions feel free to contact Occupational Health and Safety at 4-2487.

SECTION 1- Check Items Shown

This area is used for training which most all labs should have in place. After the training has been complete check off those training portions that apply and have the employee sign and date. You must also sign and date the form for it to be a valid document.

SECTION 2 - Other as Listed

This section is designed for specific areas of concern which may apply to your operation. For example, if a respiratory protection program is needed based on the processes in your lab or related to your research then you must provide your employees with the program. If you have any questions as to which "other" programs are required please contact the Department of Occupational Health and Safety at 4-2487.

SECTION 3 - Other Training Programs

A very specialized training requirement that is job task based. If the employee is coming in contact with human blood or body fluids, then he/she must be trained in the hazards of bloodborne pathogens. If the employee is engaged in the shipping of infectious material, then he/she must receive that training as well.

After this form has been completed for each employee the person responsible for training should make a copy for the employee personnel file. The original should be kept in a laboratory training file.

**Work Area Safety Orientation Checklist
For
Research Laboratories**

_____ has received laboratory safety training for the following SOP's.

Check Items Shown:

- | | |
|---|---|
| <input type="checkbox"/> Automatic pipetting devices | <input type="checkbox"/> Safety glasses/ goggles |
| <input type="checkbox"/> Face shield | <input type="checkbox"/> Biological/medical waste containers |
| <input type="checkbox"/> Hazardous Chemical locations | <input type="checkbox"/> Chemical waste management |
| <input type="checkbox"/> Physical/Health Hazards of Chemicals | |
| <input type="checkbox"/> Carcinogens/Reproductive Toxins | |
| <input type="checkbox"/> Latex gloves | <input type="checkbox"/> Eyewash |
| <input type="checkbox"/> Safety shower | <input type="checkbox"/> Disinfectant solution |
| <input type="checkbox"/> Sharps containers | <input type="checkbox"/> Fire extinguishers |
| <input type="checkbox"/> Broken glass discard box | <input type="checkbox"/> Fire blanket |
| <input type="checkbox"/> Laboratory safety manual | <input type="checkbox"/> Fire alarm pull stations |
| <input type="checkbox"/> Accident report forms | <input type="checkbox"/> Spill control supplies |
| <input type="checkbox"/> Flammable storage area | <input type="checkbox"/> Fume hood(s) |
| <input type="checkbox"/> Safety cans for flammables | <input type="checkbox"/> Fume hood fire extinguisher |
| <input type="checkbox"/> Disaster Plan | <input type="checkbox"/> MSDS sheets |
| <input type="checkbox"/> Chemical Hygiene Plan | <input type="checkbox"/> Chemical spill kit |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Biological spill kit |
| <input type="checkbox"/> Biological safety cabinet | <input type="checkbox"/> Location of autoclave and proper procedures of use |

Other as listed: (ie. Respiratory Protection Program)

Other Training Programs:

- Animal Resources Training Program
- Medical Waste Management
- Bloodborne Pathogens Training
- Bloodborne Pathogens Annual Update
- Shipping Infectious Substances
- Laboratory Safety Workshop

Principle Investigator

Date

Employee Signature

Date